



# APS Benefits Group

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## MEMBERSHIP AND LOAN

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## INFORMATION PACK

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[www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au)



THE POWER OF A  
NOT FOR PROFIT



THE POWER OF A  
CO-OPERATIVE

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Our services are personal and our products are financial. The trust and security that has been established over 110 years. We are the APS Benefits Group.

As a member of the APS Benefits Group you are automatically entitled to a funeral benefit that lasts for LIFE.

You gain exclusive access to our loans service with reduced interest rates for long serving members.

## Features and Benefits of the APS Benefits Group Membership

- Our annual surplus is generally returned to members by way of bonuses thereby increasing their funeral benefits.
- In many cases these bonuses are more than the membership subscriptions.
- Membership subscriptions (\$3.00 per week) are not indexed, unlike other insurers.
- Membership is FREE (for existing members) when you turn 70.
- Funeral Benefits can be purchased for adults and children by simply completing a membership application form found on page 10 within the Membership Information Pack.
- Your funeral benefit can be released within 24 hours of your passing (not weeks or even months).
- Funeral cover is available to all aged 1-99. It does not cease when you stop work.
- Guaranteed acceptance of your funeral benefit application. No medical checks.
- Refer a friend (or relative) who joins as a member of APS Benefits and receive \$50 as a thank you (excluding Children's Funeral Cover).

## The co-operative services the APS Benefits Group offer

APS Financial Planning  
APS Mortgage Broking  
APS Tax & Accounting  
APS Business Services  
APS General Insurance Broking  
APS Funeral Benefits  
APS Savings & Investments  
APS Wills & Estates  
APS Legal Services  
APS Personal, Property, Car & Special Purpose Loans  
APS Benevolent Foundation

# WELCOME TO THE APS BENEFITS GROUP



## Company History

Since 1905 the APS Benefits Group has been assisting its members to find financial 'peace of mind'. The APS Benefits Group offers personal and financial services to over 29,000 members and clients world-wide.

The APS Benefits Group was formed when a small group of postal workers decided to put in sixpence from their pay each week to form a funeral fund for the widows when any of the society members died.

The postal network spread the word and APS Benefits Group - starting as the Victorian and Tasmanian Public Service Provident Fund (commonly known as 'Vic & Tas') became one of the larger of many 'funeral funds' in the 1920s and 1930s. It later became the Australian Public Service Benevolent Society but is now known as the APS Benefits Group.

In 1938, the Government perceived a need to assist Public Servants to obtain financial help as they usually received a slightly smaller salary, but greater security, than workers in the private sector. This lack of cash often drove public servants into the hands of backyard financiers and pawn brokers who charged exorbitant interest rates.

The Government asked Societies such as 'Vic & Tas' to provide loans of up to 100 pounds at a reasonable interest rate in return for the rare privilege of salary deductions. 'Vic & Tas' then started the 'Members Loans' service which is a feature of the APS Benefits Group today.

In 2005, the APS Benefits Group celebrated its centenary. Today, the APS Benefits Group offers a wide range of not-for-profit financial and personal services and is open to all people from the public service and public sector and their families.

## Community Support

The APS Benefits Group strongly supports community needs and Defence groups, in particular the Defence Special Needs Support Group. In recent times DSNSG has received \$150,000 for various group and individual projects. The APS Benefits Group sees this contribution as an integral part of its commitment to the community and indeed the family.

## APS Benevolent Foundation

The APS Benefits Group are very excited to support the APS Benevolent Foundation. The Foundation is a registered charity and a deductible gift recipient. Any donations it receives above \$2 are tax deductible.

The Foundation is administered by the staff of the APS Benefits Group. All costs of maintaining the Foundation are borne by the Society, so that people making donations are assured that every dollar donated is used to fund benevolent projects.

With support from people like you, I am sure we will be around for over another 110 years!

Kind regards,

Craig Walden

Chief Executive Officer - APS Benefits Group Ltd

**APS Benefits Group Ltd**

440 William Street, West Melbourne VIC 3003 • PO Box 326, North Melbourne VIC 3051

Phone (03) 9322 2000 • 1300 131 809 • Fax (03) 8327 8200

info@apsbenefitsgroup.com.au • www.apsbenefitsgroup.com.au

ABN 64 077 846 809 AFSL No. 244115

The financial services referred to in this guide are offered by the APS Benefits Group Ltd.  
Address: 440 William Street, West Melbourne Victoria 3003  
(PO Box 326, North Melbourne Victoria 3051).  
Phone: (03) 9322 2000 or 1300 131 809 Fax: (03) 8327 8200  
Email: [info@apsbenefitsgroup.com.au](mailto:info@apsbenefitsgroup.com.au) Web Site: [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au)  
ABN 64 077 846 809. The Australian Financial Services Licence number is 244115.

The purpose of the Financial Services Guide ("FSG") is to provide you with important information about:

- **the services we offer you;**
- **how we and other entities are paid in relation to those services;**
- **any potential conflicts of interest we may have;**
- **our internal and external dispute resolution procedures and how you can access them and to assist you in deciding whether to use any of the services we offer.**

The purpose of the Product Disclosure Statement ("PDS") is to provide you with important information about:

- **significant benefits and risks associated with our funeral fund benefit;**
- **cost of membership of the fund;**
- **privacy information;**
- **what dispute resolution procedures are available and**
- **to assist you to decide whether to become a member of the APS Benefits Group.**

## WHAT KINDS OF FINANCIAL SERVICES ARE YOU AUTHORISED TO PROVIDE TO ME AND WHAT KINDS OF FINANCIAL PRODUCTS DO THOSE SERVICES RELATE TO?

The APS Benefits Group Ltd ("APS Benefits Group") is authorised to provide general advice in relation to and to deal in life risk insurance products. The only life risk insurance product in relation to which we provide these services is a funeral fund benefit. Please note that we do not provide advice which takes into consideration your personal circumstances.

## WHO ARE YOU ACTING FOR WHEN YOU PROVIDE YOUR AUTHORISED SERVICES?

Any representative of the APS Benefits Group is acting on behalf of the APS Benefits Group (and not on your behalf) when they provide the authorised services, including arranging for membership of the funeral fund.

## HOW CAN I GIVE YOU INSTRUCTIONS ABOUT MY FINANCIAL PRODUCTS?

You may tell us how you would like to give us instructions – for example, by telephone, fax or other means such as email.

## DO YOU HAVE ANY RELATIONSHIPS OR ASSOCIATIONS WITH FINANCIAL PRODUCT ISSUERS?

We are a product issuer and do not have any relationships or associations with other product issuers that may influence us in providing the services.

## WILL ANYONE BE PAID FOR REFERRING ME TO YOU?

Members of the APS Benefits Group may receive \$50.00 for each new member they introduce to the APS Benefits Group. For payment to occur, a new member must write the referring member's name on their application form and must have paid the first month's membership fee. Members entitled to this payment may elect to have it paid directly to their nominated social club, fundraising committee, sporting club, charity etc.

## HOW DOES THE APS BENEFITS GROUP MAINTAIN MY PRIVACY?

At the APS Benefits Group, the privacy of your personal information is important to us. We will only collect personal information which is necessary to provide you with our membership, or loans services. Examples of personal information that may be collected by us include: name, address and date of birth. In the instance of providing funeral benefits and loans we will also collect information that may include: employment details and financial reports. The APS Benefits Group will not 'on sell' your personal information. Information will only be given to third parties where it is required for us to provide core business services to our members. Examples of this would be giving your details to our preferred mail house to enable us to mail out your yearly benefit statement or using a credit reference agency to determine your eligibility for a personal loan.

## WHAT SHOULD I DO IF I HAVE A COMPLAINT?

Contact us by telephone or in writing at the APS Benefits Group address noted at the beginning of this FSG. It will be referred to our Complaints Officer. Within 72 hours we will send you a letter acknowledging receipt of your complaint and outlining your options. Within seven days we may request further information from you. We will try to resolve your complaint quickly and fairly. If the complaint is not resolved to your satisfaction you may refer it to the Financial Ombudsman Service Limited, an alternate dispute resolution scheme of which the APS Benefits Group is a member.

If you have any further questions, please contact us on **1300 131 809**.

**RETAIN THIS DOCUMENT FOR YOUR REFERENCE AND ANY FUTURE DEALINGS WITH THE APS BENEFITS GROUP.**

# PRODUCT DISCLOSURE STATEMENT

The issuer of the product explained in this statement is the APS Benefits Group Ltd.  
 Address: 440 William Street, West Melbourne Victoria 3003  
 (PO Box 326, North Melbourne Victoria 3051).  
 Phone: (03) 9322 2000 or 1300 131 809 Fax: (03) 8327 8200.  
 Email: [info@apsbenefitsgroup.com.au](mailto:info@apsbenefitsgroup.com.au) Web Site: [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au)  
 ABN 64 077 846 809. Australian Financial Services Licence number is 244115.

## WHAT FINANCIAL PRODUCT DO YOU ISSUE?

The financial product issued by the APS Benefits Group is a funeral fund benefit.

## WHAT BENEFITS AM I ENTITLED TO IF I ACQUIRE THE FUNERAL FUND BENEFIT AND HOW AND WHEN ARE THEY PAID?

If you become a member of the APS Benefits Group you are entitled to have the benefit paid to your nominated beneficiary in the event of your death. This benefit is payable any time from the date you become a member. The amount payable upon your death will vary with your age on entry to the fund as per the following table (refer to page 6 for benefit details in relation to dependent Children's Funeral Benefits). The cover stated in the Adult Cover Table is based on membership fees of \$6 per fortnight (\$156 p.a.) payable to age 70.

### DEPENDENT CHILD COVER TABLE

| AGE NEXT BIRTHDAY AT ENTRY | TOTAL FUNERAL BENEFIT (\$) |
|----------------------------|----------------------------|
| 2-25                       | 7000                       |

### ADULT COVER TABLE

| Age Next Birthday At Entry | Total Funeral Benefit (\$) | Age Next Birthday At Entry | Total Funeral Benefit (\$) |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 17-25                      | 15000                      | 46                         | 5900                       |
| 26                         | 14500                      | 47                         | 5600                       |
| 27                         | 13900                      | 48                         | 5300                       |
| 28                         | 13400                      | 49                         | 5000                       |
| 29                         | 12900                      | 50                         | 4700                       |
| 30                         | 12400                      | 51                         | 4400                       |
| 31                         | 11900                      | 52                         | 4100                       |
| 32                         | 11400                      | 53                         | 3800                       |
| 33                         | 10900                      | 54                         | 3500                       |
| 34                         | 10500                      | 55                         | 3300                       |
| 35                         | 10000                      | 56                         | 3000                       |
| 36                         | 9600                       | 57                         | 2800                       |
| 37                         | 9200                       | 58                         | 2500                       |
| 38                         | 8800                       | 59                         | 2300                       |
| 39                         | 8400                       | 60                         | 2100                       |
| 40                         | 8000                       | 61                         | 1800                       |
| 41                         | 7600                       | 62                         | 1600                       |
| 42                         | 7300                       | 63                         | 1400                       |
| 43                         | 6900                       | 64                         | 1200                       |
| 44                         | 6600                       | 65                         | 1000                       |
| 45                         | 6200                       | 66-100                     | Lump sum on application    |

If you will be over 65 at your next birthday and you have not yet joined the APS Benefits Group, you may become a member and obtain a funeral fund benefit by paying a lump sum. The minimum funeral fund benefit that may be obtained is \$1,000 and the maximum is \$15,000.

From time to time, the APS Benefits Group may, at its own discretion, declare an annual ex gratia benefit. This benefit is usually declared as a percentage of your total benefit and added to your existing benefit. For example, if you are entitled to a benefit of \$3,400 and an ex gratia benefit of 1% is declared; the value of your benefit will increase to \$3,434.

Ex gratia benefits carry over into future years. For example, if, the following year, an annual ex gratia benefit of 1% is then declared, the value of your benefit will increase from \$3,434 to \$3,468.34.

The funeral fund benefit is payable in the form of a lump sum. It is paid within 24 hours of acceptance of the claim. The APS Benefits Group does not impose restrictions on the way your beneficiary may use the benefit.

As the APS Benefits Group does not require any health evidence before becoming a member, or when you request an increase in the amount of your benefit, for the first 24 months, your full benefit is only payable in relation to accidental death.

If your death is due to non-accidental reasons within the first 24 months, your funeral benefit will be limited to a refund of your membership premiums received.

If you have held more than five years' continuous membership, a "mature policy" is available whereby there are no further membership fees to pay, but the amount payable on your death will be reduced accordingly.

The value of the benefit attached to the mature policy is determined as follows:

**M** = value of benefit attaching to mature policy

**E** = ex gratia benefits if any attached to policy

**S** = initial sum insured at commencement for age 'A'

**T** = years membership fees have been paid

**A** = age at commencement of policy used to determine 'S'

$$M = (E \times T / (70 - A) + S) \times T / (70 - A)$$

For example, if you became a member at age 20, the initial sum insured would be \$15,000. If you ceased paying fees after five years and no ex gratia benefits had been declared during that time, your benefit would be worth \$1,500.

Alternatively, if you ceased paying membership fees after ten years and total ex gratia benefits of \$1,300 had been declared during that time, your benefit would be worth \$3,104.

If an ex gratia benefit is declared to members and you hold a mature policy, you will still receive any ex gratia benefit that might be declared at the same percentage rate as other members.



## WHAT ARE THE RISKS RELATED TO HOLDING THE FUNERAL FUND BENEFIT?

The APS Benefits Group is not aware of any risks associated with holding the funeral fund benefit.

## WHAT ARE THE INITIAL AND ONGOING COSTS TO ME OF THE FUNERAL FUND BENEFIT?

The cost of the funeral fund benefit is automatically included in your membership of the APS Benefits Group. The cost of membership is \$6.00 per fortnight (\$156.00 p.a.) and includes the funeral fund benefit as well as other entitlements.

You may cease paying membership fees at any time and not incur costs. Once you reach the age of 70, membership fees are no longer payable and full membership privileges are retained.

If you will be over 65 at your next birthday and you have not yet joined the APS Benefits Group, you may not join by paying fortnightly membership fees, but you may become a member by paying a lump sum.

The amount of the lump sum payable varies according to a combination of your age and the amount of the funeral fund benefit which you wish to obtain. For example, if you are turning 66 at next birthday, the lump sum payable varies between \$607 (for a benefit of \$1,000) and \$9,105 (for a benefit of \$15,000).

Please contact the APS Benefits Group or refer to the downloads section of our website at [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au), if you require further information.

## ARE THERE OTHER SIGNIFICANT RIGHTS, TERMS, CONDITIONS OR OBLIGATIONS ATTACHED TO THE PRODUCT?

Acquisition of the benefit is automatic upon becoming a member of the APS Benefits Group. Only certain people may join the APS Benefits Group - for example, employees of the public sector.

To see if you are eligible to become a member, please visit our website at [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au) and follow the appropriate links or contact the APS Benefits Group.

Once you are a member of the APS Benefits Group, you retain your membership for life, even if you no longer meet the criteria you met in order to join.

If you cease paying membership fees to the APS Benefits Group before age 70, your membership and therefore your funeral benefit may be cancelled.

If your membership commenced prior to 1 July 2010, after being a continuous member for five years or more, you can take a cash refund of part or all of your membership fees.

The percentage of your membership fees that is refunded to you upon leaving the fund is:

- after five years of continuous membership, 25%;
- after six years of continuous membership, 40%;
- after seven years of continuous membership, 55%;
- after eight years of continuous membership, 70%;
- after nine years of continuous membership, 85%;
- after 10 or more years of continuous membership, 100%.

For example, if you leave the fund after six years of continuous membership, you will be entitled to a refund of \$324.48 (fees of \$135.20 x 6 yrs = \$811.20 x 40% = \$324.48).

No refund is available to members who joined by paying a lump sum, or those who joined the fund after 1 July 2010.

## CHILDREN'S FUNERAL BENEFIT

The children's funeral benefit is a lump sum amount payable on the death of the child. All dependent children from age 2 next birthday and under the age of twenty five can be covered. No medical assessment of the child is required.

The amount of the benefit is fixed at \$7,000 per dependent child.

The cost of the cover is \$1.50 per fortnight, or \$39 per annum per child.

### EXCLUSIONS

The APS Benefits Group does not require any health evidence before insuring the child. For the first 24 months the full benefit of \$7000 is only payable in relation to accidental death. If the child's death is due to non-accidental reasons within the first 24 months, the funeral benefit will be limited to a refund of the premiums received.

No mature policy values or surrender values are provided under the benefit. No ex-gratia payments will be added to the benefit.

The insured child is not considered a 'member' in terms of the definition of 'member' in the constitution but is eligible to upgrade the level of their cover and become a member from age 16 next birthday in accordance with the table on page 3 and the other information contained in the FSG/PDS.

## WHAT SHOULD I DO IF I HAVE A COMPLAINT?

See page 2 of the FSG/PDS for information on what to do if you have a complaint.

## ARE THERE ANY TAX IMPLICATIONS FOR FINANCIAL PRODUCTS OF THIS KIND?

There are no tax implications for holding financial products of this kind.

## WHAT IS THE COOLING OFF PERIOD FOR THIS PRODUCT?

If you wish to cancel your membership (and therefore to give up your funeral fund benefit) you have 30 days from the date we confirm your membership to advise us in writing of the cancellation. We will refund any premiums you have paid.

## HOW CAN I ACCESS OTHER INFORMATION THE APS BENEFITS GROUP MAKES AVAILABLE?

You may access other information about the funeral fund benefit and other entitlements of the APS Benefits Group members by visiting our website at [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au). Up to date versions of this Combined FSG and PDS may be found on the website. We have a newsletter which is sent to members by email or mail. Bulk copies are also sent to social club representatives on request.

## WHO IS PROVIDING FINANCIAL SERVICES IN RELATION TO THIS PRODUCT?

As well as issuing the funeral fund benefit, the APS Benefits Group is authorised to provide general advice and to deal in relation to the product. See the FSG at the beginning of this document for details. If you have any further questions, please contact us on **1300 131 809**. Retain this document for your reference and any future dealings with the APS Benefits Group.

Membership Number ..... **Amount of Funeral Benefit required (refer to the Combined FSG/PDS for funeral benefit cover table)**

## STEP 1 - PERSONAL DETAILS

Standard funeral benefit \$156 p.a. or \$3.00 per week \$ ..... **OR tick one box**  Amount of funeral benefit required \$ .....

|   |  |                |
|---|--|----------------|
| Title   | Given Name(s)                          | Preferred Name |
| Surname   | Date of Birth<br>..... / ..... / ..... |                |
| Address   |  |                |
| Suburb  | State                                  | Postcode       |
| Email Primary   | Email Secondary                        |                |
| Home Phone  | Work Phone                             | Mobile         |
| Is this a Membership Application for Dependant Child Cover <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |

## STEP 2 - COMMUNICATION PREFERENCES

I prefer to receive correspondence via (tick ONE please)  Email (Primary)  Email (Secondary)  Post

## STEP 3 - BUSINESS CONTACT DETAILS

|                     |                          |          |
|---------------------|--------------------------|----------|
| Employer Name       |                          |          |
| Employer Address    |                          |          |
| Suburb              | State                    | Postcode |
| AGS/Employee Number | Occupation/Rank/Position |          |

## STEP 4 - NOMINATION OF BENEFICIARY\*

To the Executive Committee of the APS Benefits Group Ltd ("APS Benefits Group").  
In the event of my death please pay my benefit to:

|                      |                    |
|----------------------|--------------------|
| Full Name of Nominee | Relationship to me |
| Address              | Home Phone         |
|                      | Mobile             |

The benefits due in respect of my membership of the APS Benefits Group and such payments shall operate as a sufficient discharge of the obligation due on the part of the APS Benefits Group. The authority may be superseded at any time by you completing and signing a new "Nominated Beneficiary Form" obtained from our office or downloaded from our website at [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au) in the downloads section.

## STEP 5 - WHERE DID YOU HEAR ABOUT US? (PLEASE TICK)

Newsletter     Internet     Advertisement     Website     Email   
 White Pages     Yellow Pages     Government Department  (Which Department) .....

**Another Member** (if another member, please state their name and membership number for them to receive a \$50 gift as a thank you).

Name ..... Member Number .....

## STEP 6 - PLEASE READ THE DECLARATION AND SIGN BELOW

I wish to apply for membership of the APS Benefits Group Funeral Benefit Fund. I confirm that the information completed is true and correct. I understand that the APS Benefits Group has not considered my financial situation, needs and objectives and my decision to apply for this cover is based on my understanding of the information I have received and read, including the APS Benefits Group FSG/PDS. I understand that the cover will only be provided in the first 24 months in the event of accident death only. I agree that any personal information can be collected, used and disclosed as prescribed in the FSG/PDS.

Your signature ..... Date ..... / ..... / .....

# IDENTIFICATION REQUIREMENTS

A legible copy of your Driver's Licence showing your **CURRENT** residential address will be sufficient.

If your Driver's Licence does not have your current address on it, please also forward a recent household account (i.e. electricity, gas, phone, etc) that confirms your current residential address.



## IF YOU DO NOT HOLD A DRIVER'S LICENCE

Please forward a copy of a household account (i.e. electricity, gas, phone, etc) and a legible copy of one of the following items:

- Australian Passport
- Proof of Age Card
- Birth Certificate



Copies of all documents may be emailed to [info@apsbenefitsgroup.com.au](mailto:info@apsbenefitsgroup.com.au), photograph and SMS to **0429 558 048**, faxed to **03 8327 8200** or posted to **440 William Street, West Melbourne, Victoria 3003 (PO Box 326, North Melbourne, Victoria 3051)**.

**OFFICE USE ONLY**

Member No. ....  
 Commenced .....  
 Debt \$ .....  
 (as at ...../...../.....)  
 EFT/Chq \$ .....  
**TOTAL LOAN \$** .....



[www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au)

APS Benefits Group Ltd  
 440 William Street, West Melbourne VIC 3003  
 Phone 1300 131 809 | (03) 9322 2000 | Fax (03) 8327 8200

Email: [loans@apsbenefitsgroup.com.au](mailto:loans@apsbenefitsgroup.com.au)

**PLEASE COMPLETE**

TERM OF LOAN ..... Years  
 REPAYMENTS (Please circle)  
 Weekly      Fortnightly      Monthly

**LOAN APPLICATION**  
**PLEASE USE A BLACK PEN WHEN COMPLETING THIS FORM**

|   |   |
|---|---|
| <p><b>AMOUNT REQUIRED</b><br/>                 (including current balance owing)<br/>                 \$.....</p> | <p><b>PURPOSE OF LOAN</b><br/>                 (Please explain fully) .....</p> |
|---|---|

|                                     |   |
|-------------------------------------|---|
| <p><b>BANK TRANSFER DETAILS</b></p> | <p>Bank/BS/CU Name .....</p> <p>BSB No. .... Account No. ....</p> <p>Account Name .....</p> |
|-------------------------------------|---|

|  |   |
|--|---|
| <p><b>BORROWER DETAILS</b></p> <p>Title ..... Surname .....</p> <p>Given Name/s .....</p> <p>Previous Surname .....<br/>                 (if applicable)</p> <p>Service/AGS No. ....</p> <p>Date of Birth ..... Age .....</p> <p>Current Residential Address .....</p> <p>..... P/Code .....</p> <p>Time at current address .....<br/>                 (if less than 2 years <b>advise previous</b>)</p> <p>Previous Residential Address .....</p> <p>..... P/Code .....</p> <p>Home Ph ( ) ..... Mobile .....</p> <p>Work Ph ( ) ..... Fax ( ) .....</p> <p>Email .....</p> <p>Drivers Licence No. .... State .....</p> | <p><b>CO-BORROWER DETAILS</b></p> <p>Title ..... Surname .....</p> <p>Given Name/s .....</p> <p>Previous Surname .....<br/>                 (if applicable)</p> <p>Service/AGS No. ....</p> <p>Date of Birth ..... Age .....</p> <p>Current Residential Address .....</p> <p>..... P/Code .....</p> <p>Time at current address .....<br/>                 (if less than 2 years <b>advise previous</b>)</p> <p>Previous Residential Address .....</p> <p>..... P/Code .....</p> <p>Home Ph ( ) ..... Mobile .....</p> <p>Work Ph ( ) ..... Fax ( ) .....</p> <p>Email .....</p> <p>Drivers Licence No. .... State .....</p> |
|--|---|

|   |
|---|
| <p><b>MARITAL STATUS (Please circle)</b>      Single      Married      Defacto      Divorced      Widow/er</p> <p>Number of Children (for both borrowers) ..... Children's Ages .....</p> |
|---|

**FINANCIAL HISTORY STATEMENTS:**

- Have you ever been declared bankrupt, applied for bankruptcy or assigned your estate for the benefit of creditors or have you had any credit default(s) or court judgements lodged against you?      **YES**      **NO** (please circle)  
 If **YES**, please provide details .....
- Have you applied for hardship with any existing or previous lenders?      **YES**      **NO** (please circle)  
 If **YES**, please provide details and how you will continue to make repayments .....

# INCOME INFORMATION

## PER FORTNIGHT

| GROSS INCOME                         | BORROWER | CO-BORROWER | TOTAL |
|--------------------------------------|----------|-------------|-------|
| <b>Wages</b> (as per pay advices)    | \$       | \$          | \$    |
| <b>Family Allowance</b>              | \$       | \$          | \$    |
| <b>Pensions</b>                      | \$       | \$          | \$    |
| <b>Child Support</b>                 | \$       | \$          | \$    |
| <b>Rental Income</b>                 | \$       | \$          | \$    |
| <b>Other Income</b> (please specify) | \$       | \$          | \$    |
| <b>TOTAL</b>                         | \$       | \$          | \$    |

## STATEMENT OF ASSETS AND LIABILITIES

THE FOLLOWING SHOULD REPRESENT THE COMBINED STATEMENT OF ASSETS AND LIABILITIES OF THE BORROWER AND THEIR SPOUSE

| ASSETS<br>(What you own)       | VALUE | LIABILITIES (What you owe)     |               |                     |                            |                     |               |
|--------------------------------|-------|--------------------------------|---------------|---------------------|----------------------------|---------------------|---------------|
|                                |       | HOME ADDRESS                   |               | MORTGAGE LENDER     | BALANCE OWING              | FORTNIGHTLY PAYMENT | INTEREST RATE |
| OTHER PROPERTY ADDRESSES       |       |                                |               |                     |                            |                     |               |
| SAVINGS (Bank/CU/BS Name)      |       | PERSONAL LOANS (Lender Name)   | BALANCE OWING | FORTNIGHTLY PAYMENT | INTEREST RATE              |                     |               |
| MOTOR VEHICLES Year/Make/Model |       | CAR LOANS/HIRE PURCHASE/ LEASE | BALANCE OWING | FORTNIGHTLY PAYMENT | INTEREST RATE              |                     |               |
| FURNITURE / HOUSEHOLD CONTENTS |       | <b>CREDIT CARDS</b>            |               |                     |                            |                     |               |
|                                |       | CARD TYPE                      | BANK NAME     | LIMIT               | BALANCE OWING              | FORTNIGHTLY PAYMENT | INTEREST RATE |
|                                |       | VISA                           |               |                     |                            |                     |               |
|                                |       | M/CARD                         |               |                     |                            |                     |               |
|                                |       | AMEX                           |               |                     |                            |                     |               |
| SHARES (Company and Number)    |       | STORE A/C                      |               |                     |                            |                     |               |
|                                |       | Others                         |               |                     |                            |                     |               |
| OTHER ASSETS (please specify)  |       | <b>OTHER LIABILITIES</b>       |               |                     | <b>FORTNIGHTLY PAYMENT</b> |                     |               |
|                                |       | RENT/BOARD                     |               |                     |                            |                     |               |
|                                |       | CHILD SUPPORT/MAINTENANCE      |               |                     |                            |                     |               |
|                                |       | HECS/HELP Fees                 |               |                     |                            |                     |               |
|                                |       | FURNITURE/EQUIPMENT RENTAL     |               |                     |                            |                     |               |
|                                |       | OTHER (please specify)         |               |                     |                            |                     |               |
| <b>TOTAL ASSETS</b>            | \$    | <b>TOTAL LIABILITIES</b>       |               | \$                  | \$                         |                     |               |

# EMPLOYMENT DETAILS

## BORROWER DETAILS

Current Employer .....

Employer Address .....

..... P/Code .....

Occupation/Title/Rank .....

Employment Status FULL TIME / PART TIME / CASUAL / OTHER

Start Date ...../...../..... Phone: .....

Previous Employment .....  
(if less than 2 years)

Previous Employment Address .....

..... P/Code .....

Start Date ...../...../..... Phone: .....

## CO-BORROWER DETAILS

Current Employer .....

Employer Address .....

..... P/Code .....

Occupation/Title/Rank .....

Employment Status FULL TIME / PART TIME / CASUAL / OTHER

Start Date ...../...../..... Phone: .....

Previous Employment .....  
(if less than 2 years)

Previous Employment Address .....

..... P/Code .....

Start Date ...../...../..... Phone: .....

# TWO REFEREES

(PREFERABLY CLOSE RELATIVES)

THEY MUST **NOT** BE LIVING WITH YOU AND BE FROM TWO DIFFERENT CONTACTABLE ADDRESSES. YOU **MUST** OBTAIN THE CONSENT OF ALL PERSONS NAMED.

## PARENT / RELATIVE

NAME .....

TELEPHONE (HOME) ..... TELEPHONE (WORK) .....

TELEPHONE (MOBILE) ..... EMAIL .....

## RELATIVE / FRIEND

NAME .....

TELEPHONE (HOME) ..... TELEPHONE (WORK) .....

TELEPHONE (MOBILE) ..... EMAIL .....

I/We the Applicant(s) named herein,

- Being a member(s) of the Australian Public Service Benevolent Society Limited (hereinafter referred to as the "APS Benefits Group or the Group") apply for a loan as detailed in this application and I/we will comply with the Group's Constitution, Articles of Association and By-Laws.
- Understand I/we must not enter into any contractual or legal commitment, which relies on the approval of this application until the APS Benefits Group has given written approval.
- Have not relied in any way on any representation or warranty of any kind made by the APS Benefits Group or any delegate, officer, employee, agent or contractor of the APS Benefits Group in relation to the terms of the proposed credit applied for, this application or the acceptance of this application by the APS Benefits Group.
- Agree that the APS Benefits Group may give information regarding my/our application details with my/our employer, estate agent or other related entity (as defined in the Corporation Law) of the APS Benefits Group.
- Acknowledge that the authorisations referred to in this application shall continue in full force and effect until all credit made available to me/us for credit has been discharged in full.
- DO SOLEMNLY AND SINCERELY DECLARE THAT I/WE ARE NOT UNDISCHARGED BANKRUPT(S) AND THAT THE SEVERAL STATEMENTS AND ANSWERS TO QUESTIONS MADE IN THIS APPLICATION ARE TRUE AND CORRECT IN EVERY PARTICULAR.**

## NOTICE OF DISCLOSURE OF YOUR CREDIT INFORMATION TO A CREDIT REPORTING AGENCY (Privacy Act 1988) GIVING INFORMATION TO A CREDIT REPORTING AGENCY (SECTION 18 E (1) (8) (C) PRIVACY ACT 1988)

The APS Benefits Group may give information about you to a credit-reporting agency to obtain a consumer credit report about you and/or to allow the credit-reporting agency to create/maintain a credit information file containing information about you. This information is limited to:

- Identity particulars your name, sex, date of birth, address (past and present), name of employer and drivers licence number.
- The fact that you have applied for credit, the amount and that the Group is a credit provider to you.
- Loan repayments that are overdue by more than sixty days, and for which debt collection action has been started.
- Advice that loan repayments are no longer overdue in respect of any default that has been listed.
- Cheques for an amount greater than \$100 drawn by you which have been dishonoured more than once.
- The opinion of the Group that you have committed a serious credit infringement.
- That the credit provided for by the Group has been paid or otherwise discharged.

Continued on next page

# DECLARATIONS AND AGREEMENTS

## CONTINUED

### AUTHORITY FOR THE GROUP TO OBTAIN AND USE CERTAIN INFORMATION

To enable the APS Benefits Group to assess my/our application for personal credit or for the purpose of collecting overdue payments from me/us to the APS Benefits Group. I/we authorise the Group to obtain from a credit reporting agency a credit report containing personal information about me/us in relation to personal credit provided by the APS Benefits Group.

### EXCHANGING INFORMATION WITH OTHER CREDIT PROVIDERS (SECTION 18N (1) (b) PRIVACY ACT 1988)

I/we agree to the APS Benefits Group checking information about me/us with any credit provider named in my/our application for credit, and with other credit providers that may be named in a credit report issued by a credit reporting agency, for any of the following purposes:

- To assess an application by me/us for credit and also to assess my/our credit worthiness
- To exchange information with other credit providers as to the status of this loan where I am in default with other credit providers
- To notify a default by me/us and the collection of overdue payments.

I/we understand that this information can include any information about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give to or receive from each other under the Privacy Act 1988.

### AGREEMENT THAT THE GROUP MAY SEEK COMMERCIAL AND CONSUMER CREDIT INFORMATION (SECTIONS 18L (4), 18K (1) (b) PRIVACY ACT 1988)

If relevant, I/we agree to the APS Benefits Group obtaining a report about my/our commercial activities/credit worthiness from a business which provides information about the commercial credit worthiness of persons, and I/we agree to the APS Benefits Group obtaining from a credit reporting agency a credit report containing personal information about me/us in relation to commercial credit provided by the APS Benefits Group.

### AUTHORITY FOR PROPOSED GUARANTOR TO SEEK INFORMATION (SECTION 18N (1) (ga) (ii) PRIVACY ACT 1988)

I/we agree that the APS Benefits Group may give to a person who is currently a guarantor, or whom I/we have indicated is considering becoming a guarantor, a credit report containing information about me/us for the purpose of the prospective guarantor deciding whether to act as guarantor or to keep the existing guarantor informed about the guarantee and I/we understand that the information disclosed can include anything about my/our credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to disclose under the Privacy Act including a credit report.

### PRIVACY

The APS Benefits Group is committed to ensuring the confidentiality and security of your personal information. This information is being collected for the purposes of processing your application and assisting us with improving our service to you. If the information is not provided, the APS Benefits Group may be unable to process your application. It may be necessary for us to disclose your information to consultants we engage, such as lawyers, accountants, actuaries, and credit reporting agencies, or to regulatory authorities, if required by law. You have the right to access and alter any of the personal information concerning yourself in accordance with the Act. This information will not be on sold, or made publicly available. Please direct any enquiries to our Privacy Officer on **1300 131 809**. Our full privacy policy is available on [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au)

### A MEMBER WHO IS PAYING LOAN INSTALMENTS FOR HIS/HER SPOUSE THROUGH HIS/HER SALARY MUST ALSO SIGN THE LOAN CONTRACT AS A CO-BORROWER, THUS BECOMING JOINTLY AND SEVERALLY LIABLE FOR THE FULL REPAYMENT OF THIS LOAN.

#### WHAT ARE MY FINANCIAL CIRCUMSTANCES?

|   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Do you anticipate an <b>increase</b> to your <b>expenses/liabilities</b> over the next 12 months (excluding this application)?                                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Do you anticipate a <b>decrease</b> in your <b>income</b> during the next 12 months (ie extended unpaid leave)?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| If you operate a business, do you anticipate a <b>reduction</b> in your <b>income/profit</b> during the next 12 months?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you <b>unable</b> to meet your current financial commitments?   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Are you aware of any information relevant to your application that <b>has not</b> been provided and could have an adverse impact on your financial circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Are you aware of any future change in your <b>employment</b> which may adversely affect your ability to meet your current and future financial obligations?       | <input type="checkbox"/> | <input type="checkbox"/> |                          |

If you have selected "YES" to any of the above, please specify on a separate form details and also how you will continue to make repayments.

**BORROWER**

Mr Mrs Miss Ms (Please circle)

Full Name

Signature

Date of Application ..... / ..... / .....

**CO-BORROWER**

Mr Mrs Miss Ms (Please circle)

Full Name

Signature

Date of Application ..... / ..... / .....

### CHECK LIST:

So that your application can be processed as soon as possible please ensure the following items are provided:

- All questions under "**WHAT ARE MY FINANCIAL CIRCUMSTANCES?**" are answered.
- A recent payslip for all borrowers and/or spouses (no more than 30 days old).
- Centrelink confirmation of Family Allowance, Child Support, Pension Entitlements, etc.
- Rental/Investment or other income.
- If self-employed, the last two years full financial statements.

Email loan application to: [loans@apsbenefitsgroup.com.au](mailto:loans@apsbenefitsgroup.com.au)



| REPAYMENTS | 26       | 39       | 52       | 65        | 78       | 104      | 130      | 156      | 182      |
|------------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|
| YEARS      | 1        | 1.5      | 2        | 2.5       | 3        | 4        | 5        | 6        | 7        |
| 1,000      | \$41.10  | \$28.25  |          |           |          |          |          |          |          |
| 1,100      | \$45.20  | \$31.10  |          |           |          |          |          |          |          |
| 1,200      | \$49.30  | \$33.90  |          |           |          |          |          |          |          |
| 1,300      | \$53.40  | \$36.75  |          |           |          |          |          |          |          |
| 1,400      | \$57.55  | \$39.55  | 2 YEARS  |           |          |          |          |          |          |
| 1,500      | \$61.65  | \$42.40  | \$32.80  |           |          |          |          |          |          |
| 1,600      | \$65.75  | \$45.20  | \$35.00  |           |          |          |          |          |          |
| 1,700      | \$69.85  | \$48.05  | \$37.15  |           |          |          |          |          |          |
| 1,800      | \$73.95  | \$50.90  | \$39.35  |           |          |          |          |          |          |
| 1,900      | \$78.05  | \$53.70  | \$41.55  |           |          |          |          |          |          |
| 2,000      | \$82.20  | \$56.55  | \$43.75  |           |          |          |          |          |          |
| 2,100      | \$86.30  | \$59.35  | \$45.90  |           |          |          |          |          |          |
| 2,200      | \$90.40  | \$62.20  | \$48.10  |           |          |          |          |          |          |
| 2,300      | \$94.50  | \$65.00  | \$50.30  |           |          |          |          |          |          |
| 2,400      | \$98.60  | \$67.85  | \$52.50  | 2.5 YEARS |          |          |          |          |          |
| 2,500      | \$102.75 | \$70.65  | \$54.65  | \$45.10   |          |          |          |          |          |
| 3,000      | \$123.25 | \$84.80  | \$65.60  | \$54.10   |          |          |          |          |          |
| 3,500      | \$143.80 | \$98.95  | \$76.55  | \$63.15   |          |          |          |          |          |
| 4,000      | \$164.35 | \$113.05 | \$87.45  | \$72.15   |          |          |          |          |          |
| 4,500      | \$184.90 | \$127.20 | \$98.40  | \$81.15   | 3 YEARS  |          |          |          |          |
| 5,000      | \$205.45 | \$141.35 | \$109.35 | \$90.20   | \$77.45  |          |          |          |          |
| 5,500      | \$226.00 | \$155.45 | \$120.25 | \$99.20   | \$85.20  |          |          |          |          |
| 6,000      | \$246.55 | \$169.60 | \$131.20 | \$108.20  | \$92.95  | 4 YEARS  | 5 YEARS  |          |          |
| 7,000      | \$287.65 | \$197.85 | \$153.05 | \$126.25  | \$108.45 | \$86.30  | \$73.20  |          |          |
| 8,000      | \$328.75 | \$226.10 | \$174.90 | \$144.30  | \$123.95 | \$98.65  | \$83.65  |          |          |
| 9,000      | \$369.80 | \$254.40 | \$196.80 | \$162.35  | \$139.45 | \$111.00 | \$94.10  |          |          |
| 10,000     | \$410.90 | \$282.65 | \$218.65 | \$180.35  | \$154.90 | \$123.30 | \$104.55 | 6 YEARS  | 7 YEARS  |
| 11,000     | \$452.00 | \$310.90 | \$240.50 | \$198.40  | \$170.40 | \$135.65 | \$115.00 | \$101.45 | \$91.90  |
| 12,000     | \$493.10 | \$339.20 | \$262.40 | \$216.45  | \$185.90 | \$148.00 | \$125.50 | \$110.70 | \$100.30 |
| 13,000     | \$534.20 | \$367.45 | \$284.25 | \$234.45  | \$201.40 | \$160.30 | \$135.95 | \$119.90 | \$108.65 |
| 14,000     | \$575.25 | \$395.70 | \$306.10 | \$252.50  | \$216.90 | \$172.65 | \$146.40 | \$129.10 | \$117.00 |
| 15,000     | \$616.35 | \$424.00 | \$328.00 | \$270.55  | \$232.40 | \$185.00 | \$156.85 | \$138.35 | \$125.35 |

## APS BENEFITS GROUP

# 12.90% P.A.

## FORTNIGHTLY REPAYMENTS

\*Comparison Rate Warning. Nominal & Comparison rates are identical. Top up fees are excluded from the comparison rate. The interest rate is for an unsecured loan.

A Comparison Rate Schedule is available from the APS Benefits Group or on the APS Benefits Group website at [www.apsbenefitsgroup.com.au](http://www.apsbenefitsgroup.com.au). All interest rates subject to approval.