



Financial Services Guide

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

Email: info@apsbenefitsgroup.com.au Website: 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, email or other means.

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 Australian Financial Complaints Authority, 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

Email: info@apsbenefitsgroup.com.au Website: 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 dependant 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.

Dependant 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

Product Disclosure Statement

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 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 membership 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 for 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 cannot 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, if you require further information.

Are there other significant rights, terms, conditions or obligations attached to the

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 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 dependant 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 dependant 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. 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.

Applicant Details

Title..... Given Name(s)..... Surname.....
Preferred Name.....Date of Birth...../...../.....Phone.....
Address.....Suburb.....
State.....Postcode.....Email address.....

Employment Details

Employer:.....Occupation:.....AGS:.....

Funeral Benefit Details

Is this Funeral Benefit application for Dependant Child Cover? Yes No
 I want Standard Cover I want more than standard cover
Amount Required:\$.....

Nomination of Beneficiary

Name of beneficiary.....Relationship.....
Address.....Phone.....
Email:.....

Identification Details (not required for dependant cover)

You may provide any combination of **2** documents as follows:

Driver Licence Number:..... State Issued:.....

Australian Passport Number:.....

Medicare Card Number:..... Expiry:...../...../.....

I agree to have my identity verified with the issuer or Official Record Holder

Where did you hear about us?

Family Friends Work Colleague Other

Referring Members Name:..... Member Number:.....

Please read and sign the declaration 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 in the first 24 months, cover will only be provided if death is accidental. I agree that any personal information can be collected, used and disclosed as prescribed in the FSG/PDS.

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

OFFICE USE ONLY

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



www.apsbenefitsgroup.com.au

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

Email: 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

AMOUNT REQUIRED (including current balance owing) \$.....		PURPOSE OF LOAN (Please explain fully)	
BANK TRANSFER DETAILS	Bank/BS/CU Name		
	BSB No.		Account No.
	Account Name		
BORROWER DETAILS		CO-BORROWER DETAILS	
Title Surname		Title Surname	
Given Name/s		Given Name/s	
Previous Surname (if applicable)		Previous Surname (if applicable)	
Service/AGS No.		Service/AGS No.	
Date of Birth Age		Date of Birth Age	
Current Residential Address P/Code		Current Residential Address P/Code	
Time at current address (if less than 2 years advise previous)		Time at current address (if less than 2 years advise previous)	
Previous Residential Address P/Code		Previous Residential Address P/Code	
Home Ph Mobile		Home Ph Mobile	
Work Ph..... Fax.....		Work Ph Fax	
Email		Email	
Drivers Licence No. State		Drivers Licence No. State	
MARITAL STATUS (Please circle) Single Married Defacto Divorced Widow/er			
Number of Children (for both borrowers) Children's Ages			

FINANCIAL HISTORY STATEMENTS:

1. 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?

If YES, please provide details

2. Have you applied for hardship with any existing or previous lenders?

If YES, please provide details and how you will continue to make repayments

INCOME INFORMATION

PER FORTNIGHT

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

STATEMENT OF ASSETS AND LIABILITIES

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

ASSETS (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	
		CREDIT CARDS					
FURNITURE / HOUSEHOLD CONTENTS		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)		OTHER LIABILITIES				FORTNIGHTLY PAYMENT	
		RENT/BOARD					
		CHILD SUPPORT/MAINTENANCE					
		HECS/HELP Fees					
		FURNITURE/EQUIPMENT RENTAL					
		OTHER (please specify)					
TOTAL ASSETS	\$	TOTAL LIABILITIES			\$	\$	

EMPLOYMENT DETAILS

BORROWER DETAILS

Current Employer

Employer Address

..... P/Code

Occupation/Title/Rank

Employment Status

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

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, or eligible to become a member(s) of the APS Benefits Group 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, if this application is approved, immediately apply for membership of the Group and 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, gender, 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.

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

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 increase to your expenses/liabilities over the next 12 months (excluding this application)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you anticipate a decrease in your income during the next 12 months (ie extended unpaid leave)?	<input type="checkbox"/>	<input type="checkbox"/>	
If you operate a business, do you anticipate a reduction in your income/profit during the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you unable to meet your current financial commitments?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of any information relevant to your application that has not 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 employment 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

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