

CLIENT NEEDS ANALYSIS

| | | | |
|---|--|-----------------------|--|
| Credit Representative Name | | Interview Date | |
| Australian Credit Licence / Credit Representative Number | | Interview Time | |
| CLIENT ONE | | | |
| CLIENT TWO | | | |
| Additional Clients | | | |
| <p>FACT FINDER (Consumer Lending) Under the National Consumer Credit Protection Act 2009 (NCCP), it is a requirement that prior to any request for finance, questions & a record regarding your current financial position as well as any corresponding future goals be established. This documentation is utilised to assist in the process. RESULTS & DATA TOOLS WILL THEN BE PROVIDED TO THE ENQUIRER ON THE BASIS OF:</p> <ul style="list-style-type: none"> A) The answers provided in this document B) Additional data provided to us by clients including income records, credit reports, lending history & support documents C) Our face to face, telephone or electronic / online/email communications | | | |
| Loan Purpose | | | |
| Comments / Notes | | | |

PERSONAL DETAILS

| CLIENT ONE | | CLIENT TWO | |
|---------------------|--|---------------------|--|
| TITLE | | TITLE | |
| GIVEN NAME/S | | GIVEN NAME/S | |
| SURNAME | | SURNAME | |
| RELATIONSHIP STATUS | | RELATIONSHIP STATUS | |
| DATE OF BIRTH | | DATE OF BIRTH | |
| PERMANENT RESIDENT | | PERMANENT RESIDENT | |
| DRIVERS LICENCE NO | | DRIVERS LICENCE NO | |
| LICENCE EXPIRY | | LICENCE EXPIRY | |
| PHONE (H) | | PHONE (H) | |
| PHONE (W) | | PHONE (W) | |
| MOBILE | | MOBILE | |
| EMAIL | | EMAIL | |
| CURRENT ADDRESS | | CURRENT ADDRESS | |
| TIME THERE | | TIME THERE | |
| RENTING OR OWNER | | RENTING OR OWNER | |
| POSTAL ADDRESS | | POSTAL ADDRESS | |
| PREVIOUS ADDRESS | | PREVIOUS ADDRESS | |
| TIME THERE | | TIME THERE | |
| NO OF DEPENDANTS | | NO OF DEPENDANTS | |
| DEPENDANTS AGES | | DEPENDANTS AGES | |
| MOTHERS MAIDEN NAME | | MOTHERS MAIDEN NAME | |

FRIEND / RELATIVE (Not living with you)

| | | | |
|---------|--|--------------|--|
| NAME | | RELATIONSHIP | |
| ADDRESS | | PHONE | |

EMPLOYMENT

| CLIENT ONE | | CLIENT TWO | |
|----------------------|--|----------------------|--|
| CURRENT POSITION | | CURRENT POSITION | |
| EMPLOYER | | EMPLOYER | |
| ADDRESS | | ADDRESS | |
| HR CONTACT NAME | | HR CONTACT NAME | |
| HR PHONE NUMBER | | HR PHONE NUMBER | |
| START DATE | | START DATE | |
| PROBATION COMPLETE | | PROBATION COMPLETE | |
| PREVIOUS EMPLOYER | | PREVIOUS EMPLOYER | |
| ADDRESS | | ADDRESS | |
| PHONE | | PHONE | |
| START & FINISH DATES | | START & FINISH DATES | |

ACCOUNTANT

| | | | |
|---------|--|-----------|--|
| NAME | | FIRM NAME | |
| ADDRESS | | PHONE | |
| FAX | | EMAIL | |

SOLICITOR

| | | | |
|---------|--|-----------|--|
| NAME | | FIRM NAME | |
| ADDRESS | | PHONE | |
| FAX | | EMAIL | |

INCOME

| APPLICANT ONE | | APPLICANT TWO | |
|-----------------|--|-----------------|--|
| GROSS ANNUAL | | GROSS ANNUAL | |
| NETT MONTHLY | | NETT MONTHLY | |
| RENTAL INCOME | | RENTAL INCOME | |
| FAMILY BENEFITS | | FAMILY BENEFITS | |
| OTHER INCOME | | OTHER INCOME | |

SELF EMPLOYED INCOME

| | APPLICANT ONE | | APPLICANT TWO | |
|-------------------|---------------|---------------|---------------|---------------|
| | CURRENT YEAR | PREVIOUS YEAR | CURRENT YEAR | PREVIOUS YEAR |
| TAXABLE INCOME | | | | |
| DEPRECIATION | | | | |
| INTEREST ADD BACK | | | | |
| OTHER | | | | |
| TOTAL | | | | |

COMPANY TRUST DETAILS

| | | | |
|----------------------|--|---------------|--|
| COMPANY ABN / ACN | | TYPE OF TRUST | |
| COMPANY / TRUST NAME | | TRUSTEE | |
| REGISTERED ADDRESS | | BENEFICIARIES | |
| BUSINESS ADDRESS | | OTHER | |

STATEMENT OF POSITION

| ASSETS | | LIABILITIES | | | |
|-------------------------------------|-------|---------------------------|-------|------------|--------------|
| OWNER OCCUPIED PROPERTY | | | | | |
| ADDRESS | Value | Lender | Limit | Owing | Repayment |
| | | | | | |
| INVESTMENT PROPERTIES | | | | | |
| ADDRESS | Value | Lender | Limit | Owing | Repayment |
| | | | | | |
| | | | | | |
| | | | | | |
| DEPOSIT ACCOUNTS | | CREDIT CARDS | | | |
| Lender | Value | Lender | Limit | Min Repay. | Owing |
| | | | | | |
| | | | | | |
| | | | | | |
| MOTOR VEHICLES | | MOTOR VEHICLE DEBT | | | |
| Make and Model | Value | Lender | Limit | Min Repay. | Owing |
| | | | | | |
| | | | | | |
| FURNITURE / PERSONAL EFFECTS | | OTHER DEBTS | | | |
| Type | Value | Lender | Limit | Min Repay. | Owing |
| | | | | | |
| | | | | | |
| SUPERANNUATION | | | | | |
| | Value | | | | |
| | | | | | |
| TOTAL ASSETS | | TOTAL LIABILITIES | | | VALUE |
| | VALUE | | | | |

LIVING EXPENSES DECLARATION - I/we confirm that the below details are a true and accurate breakdown of our combined basic and additional living expenses.

| Expense Type | | Monthly Repayment / Expense | |
|---|--------------|------------------------------|--------------|
| Basic Living Expenses | | | |
| Basic Living Expenses include groceries, clothing, rates, electricity, gas, water, phone, public education, motor vehicle expenses, public transport, entertainment etc. | | | |
| Additional Living Expenses | \$ per month | Additional Living Expenses | \$ per month |
| Child Maintenance | | Additional Cars Petrol/tolls | |
| Insurance | | Additional Cars Rego/service | |
| Private School Education | | Child Care | |
| Mobile/ Internet/Pay TV | | Subscription | |
| Private Health | | Other | |
| Rent / Board | | | |
| Body Corporate Rates | | TOTAL | \$ |
| Additional Information: Provide any additional comments below on any additional living expenses listed which you would reduce / cancel in order to meet your loan repayment and avoid financial hardship | | | |
| | | | |

Note: Total Living expenses are calculated by adding any Additional Expenses to the applicants declared living expenses or the Lenders benchmark figure.

FEATURES AND FACILITIES

| | | | |
|--------------------------------|-------------------------------|------------------------------|-----------------------------|
| FIXED RATES | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| INTRODUCTORY FIXED RATE | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| BASIC VARIABLE RATE | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| LINE OF CREDIT | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COMBINATION LOAN | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| VARIABLE RATE | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| INTRODUCTORY VARIABLE | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| NON CONFORMING | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| LOW DOC LOAN | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | | |
|---------------------|---|------------------------------|-----------------------------|
| SENIORS LOAN | Loan type features discussed. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OTHER | Redraw Offset Switching Top ups Interest Only Portability Extra Repayments Other | | |

SUITABILITY STATEMENT

| CURRENT FINANCIAL HEALTH | APPLICANT ONE | APPLICANT TWO |
|---|---------------|---------------|
| In relation to current enquiries & goals, is the applicant aware of anything which will adversely affect their ability to meet their current & future financial obligations? | Yes No | Yes No |
| Do the applicants anticipate any changes to their income in the next 12 months? | Yes No | Yes No |
| Has the applicant ever had any credit defaults, judgements or previously been made bankrupt? | Yes No | Yes No |
| ESTATE & PLANNING | APPLICANT ONE | APPLICANT TWO |
| Do you have a legal will in place? (If no, encourage to seek advice or review with change in circumstances?) | Yes No | Yes No |
| What is your anticipated retirement date? | | |
| How do you plan to reduce/clear your debt prior to retirement? | | |
| PERSONAL INSURANCES | APPLICANT ONE | APPLICANT TWO |
| I / we understand that the loss of income will affect my ability to repay my existing or proposed debt. I/we understand that there are insurances available that are designed to help protect my financial position in the event of illness, injury or death. | Yes No | Yes No |
| Do you have any arrangements in place to protect your mortgage/debt existing or concurrent to this application in the event that things go wrong (injury/illness)? (If no, encourage to seek advice or review with change in circumstances?) | Yes No | Yes No |
| Do you have adequate Life Protection insurance in the event of accidental death? | Yes No | Yes No |
| I / we require further information to be provided in relation to insurances to enable us to make an informed decision. | Yes No | Yes No |

Insurance Needs Analysis

I agree that my mortgage adviser has discussed the fact that I should consider looking at covering the debts I currently have through the following:

- Life Insurance
- Income Protection Insurance
- Trauma and Total and Permanent Disability

Knowing this, I would request the following:

- I would like to speak to an adviser about the above-mentioned insurance. Please ask an Adviser to contact me.
- My mortgage adviser has acted appropriately, but I do not wish to be contacted about insurance, thank you.

I acknowledge that every reasonable effort has been made to:

- Encourage me to seek advice for my insurance needs.
- Explain the risks and possible ramification associated in having inadequate insurance.

Building Insurance

- I / we understand that I / we require building insurance and that this building insurance will need to reflect the lender that my / our loan is with.
- I / we would like to be referred to a building insurer

I / We confirm that a copy of the Credit Guide has been received. (Please tick to confirm)

In signing below I / we acknowledge that the information in this five page Clients Needs Analysis is true and correct.

| APPLICANT NAME | SIGNATURE | DATE |
|----------------|-----------|------|
| | | |
| | | |

RECOMMENDATION OF SUITABILITY & FACILITY - (Lending Manager to complete the below section)

Based on the information presented, I confirm that the following clients –

| | |
|----------------------|--|
| Applicant One | |
| Applicant Two | |
| Other | |

Based on the information presented, I confirm that the above clients request for credit is considered:

Not unsuitable **Unsuitable**

Reasons for this determination include:

We confirm that upon discussion of Lender Comparisons supplied to the client that the following lender has been selected:

We confirm that this lender has been selected for the following reasons:

| | | | |
|----------------------|--|---|--|
| Signed (Loan Writer) | | Australian Credit Licence / Credit Representative Number | |
| Name (Loan Writer) | | Date | |