

FACT FIND

A. PERSONAL DETAILS - APPLICANT 1

Mr Ms Mrs Miss Dr Other

Surname

First Name

Middle Name

Date of Birth (DOB)

Citizenship

Drivers Licence Number

Drivers Licence Expiry Date

Marital Status

Mother's Maiden Name

Number of Dependants

Ages of Dependants

Nearest Relative not Living with you (Name, Number, Relationship & Address)

A. PERSONAL DETAILS - APPLICANT 2

Mr Ms Mrs Miss Dr Other

Surname

First Name

Middle Name

Date of Birth (DOB)

Citizenship

Drivers Licence Number

Drivers Licence Expiry Date

Marital Status

Mother's Maiden Name

Number of Dependants

Ages of Dependants

Nearest Relative not Living with you (Name, Number, Relationship & Address)

B. ADDRESS DETAILS - APPLICANT 1

Current Residential Address

Current Residential Address Status

Own Mortgaged Renting Boarding Other

Start Date at Current Address

Mobile

Email Address

Previous Residential Address (if less than 3 years at current)

Start Date at Previous Address

B. ADDRESS DETAILS - APPLICANT 2

Current Residential Address (write 'COPY' if details are the same as Applicant 1)

Current Residential Address Status

Own Mortgaged Renting Boarding Other

Start Date at Current Address

Mobile

Email Address

Previous Residential Address (if less than 3 years at current)

Start Date at Previous Address

C. EMPLOYMENT DETAILS - APPLICANT 1

Current Employment

Employee Self-employed Full Time Part Time Casual

Start Date of Current Employment

Occupation

Employer Business Name or ABN

Employer Phone Number

Previous Employment (if in current for less than 3 years)

Employee Self-employed Full Time Part Time Casual

Start Date of Previous Employment

Occupation

Employer Business Name or ABN

C. EMPLOYMENT DETAILS - APPLICANT 2

Current Employment

Employee Self-employed Full Time Part Time Casual

Start Date of Current Employment

Occupation

Employer Business Name or ABN

Employer Phone Number

Previous Employment (if in current for less than 3 years)

Employee Self-employed Full Time Part Time Casual

Start Date of Previous Employment

Occupation

Employer Business Name or ABN

D. GROSS MONTHLY INCOME - APPLICANT 1

| | | | | | |
|----------------------|----|----------------------|-------------------|----|----------------------|
| Employment (pre-tax) | \$ | <input type="text"/> | Investment/Shares | \$ | <input type="text"/> |
| Total Rent Received | \$ | <input type="text"/> | DSS/Other | \$ | <input type="text"/> |

D. GROSS MONTHLY INCOME - APPLICANT 2

| | | | | | |
|----------------------|----|----------------------|-------------------|----|----------------------|
| Employment (pre-tax) | \$ | <input type="text"/> | Investment/Shares | \$ | <input type="text"/> |
| Total Rent Received | \$ | <input type="text"/> | DSS/Other | \$ | <input type="text"/> |

E. MONTHLY EXPENSES - APPLICANT 1&2

| | | | | | | | | | | | | | | |
|-----------------------------|----|----------------------|----------------------------|----|----------------------|------------------|----|----------------------|-------------------|----|----------------------|------------------------------------|----|----------------------|
| Utilities & Rates | \$ | <input type="text"/> | Food & Groceries | \$ | <input type="text"/> | Medical & Health | \$ | <input type="text"/> | Child Care | \$ | <input type="text"/> | House Purchase & Maintenance | \$ | <input type="text"/> |
| Rental Expense | \$ | <input type="text"/> | Recreation & Entertainment | \$ | <input type="text"/> | Transport | \$ | <input type="text"/> | Child Maintenance | \$ | <input type="text"/> | Insurance (home, personal and car) | \$ | <input type="text"/> |
| Telephone, Internet & PayTV | \$ | <input type="text"/> | Clothing & Personal Care | \$ | <input type="text"/> | Education | \$ | <input type="text"/> | Sport & Hobbies | \$ | <input type="text"/> | Other | \$ | <input type="text"/> |

F1. REAL ESTATE ASSETS - APPLICANT 1&2

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Home | Address | Est. Value \$ | Ownership | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Investment 1 | Address | Est. Value \$ | Monthly Rent \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Investment 2 | Address | Est. Value \$ | Monthly Rent \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Investment 3 | Address | Est. Value \$ | Monthly Rent \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Investment 4 | Address | Est. Value \$ | Monthly Rent \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

G1. REAL ESTATE LIABILITIES - APPLICANT 1&2

| | | | | |
|----------------------|----------------------|----------------------|----------------------|--------------------------|
| Home Loan Lender | Balance \$ | Rate % | Repayment \$ | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Home Loan Lender | Balance \$ | Rate % | Repayment \$ | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Home Loan Lender | Balance \$ | Rate % | Repayment \$ | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Home Loan Lender | Balance \$ | Rate % | Repayment \$ | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Home Loan Lender | Balance \$ | Rate % | Repayment \$ | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

F2. OTHER ASSETS - APPLICANT 1&2

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Vehicle 1 | Make/Model/Year | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Vehicle 2 | Make/Model/Year | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Savings | Account/Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Savings | Account/Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Savings | Account/Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Savings | Account/Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home Contents | Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Superfund/SMSF | Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Superfund/SMSF | Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Shares | Details | Est. Value \$ | Ownership |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

G2. OTHER LIABILITIES - APPLICANT 1&2

| | | | | |
|----------------------|----------------------|----------------------|----------------------|--------------------------|
| Vehicle Loan Lender | Repayment \$ | Balance \$ | Rate % | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Vehicle Loan Lender | Repayment \$ | Balance \$ | Rate % | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Credit Card Lender | Limit \$ | Balance \$ | Ownership | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Credit Card Lender | Limit \$ | Balance \$ | Ownership | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Credit Card Lender | Limit \$ | Balance \$ | Ownership | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Credit Card Lender | Limit \$ | Balance \$ | Ownership | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| Personal Loan Lender | Repayment \$ | Balance \$ | Ownership | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| SMSFLoan Lender | Repayment \$ | Balance \$ | Rate % | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| SMSFLoan Lender | Repayment \$ | Balance \$ | Rate % | Refinance |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| HECS/HELP Debt | Repayment \$ | Balance \$ | Ownership | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

H. REQUIREMENTS & OBJECTIVE - APPLICANT 1 & APPLICANT 2

Please state primary reasons for seeking credit (how will the funds will be used) or the reasons for a review of an existing credit contract?

If purchasing: funds required to complete loan

| | | | | | |
|-------------------------|----|----------------------|---------------------------|----|----------------------|
| Security Property Value | \$ | <input type="text"/> | Savings | \$ | <input type="text"/> |
| Stamp Duty | \$ | <input type="text"/> | Deposit Paid | \$ | <input type="text"/> |
| Conveyancer Fees | \$ | <input type="text"/> | Gifts and Other | \$ | <input type="text"/> |
| Any Other Fees | \$ | <input type="text"/> | TOTAL CONTRIBUTIONS (B) | \$ | <input type="text"/> |
| TOTAL COSTS (A) | \$ | <input type="text"/> | TOTAL LOAN REQUIRED (A-B) | \$ | <input type="text"/> |

If refinancing or consolidating debts: please provide details of the debts that are being refinanced or consolidated and the resulting benefit to you.

I. DESIRED LOAN FEATURES - APPLICANT 1 & APPLICANT 2

| | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Variable Rate | <input type="checkbox"/> Interest Only | <input type="checkbox"/> Redraw | <input type="checkbox"/> Line of Credit |
| <input type="checkbox"/> Fixed Rate | <input type="checkbox"/> Offset Account | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Additional Repayments |
| <input type="checkbox"/> Combined, Variable & Fixed | <input type="checkbox"/> Internet Banking | <input type="checkbox"/> Portability | <input type="checkbox"/> Loan Variations |

Any preferred lenders? Any lenders you do not wish to deal with? Preferred loan splits?

If selected Interest Only, please set out why you would like Interest Only repayments (mandatory field):

If selected Fixed Rate, please explain why you would like fixed rate period (mandatory field):

J. YOUR FINANCIAL SECURITY - APPLICANT 1 & APPLICANT 2

| | | |
|---|------------------------------|-----------------------------|
| Have you ever had any financial judgments or legal proceedings against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Did you have any difficulty meeting your financial commitments in the past 2 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are any of your existing debts currently in arrears? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you concerned about rising interest rates? How concerned are you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you expect any significant changes to your financial situation in the foreseeable future that would adversely impact your ability to meet your commitments? How do you expect to meet your commitments? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If any applicants answered 'YES' to any of the questions above, please provide details below:

K. PROTECTING YOUR LIFESTYLE - APPLICANT 1 & APPLICANT 2

| | | |
|---|------------------------------|-----------------------------|
| Do you have any insurance to protect your lifestyle eg.life, total permanent disablement insurance, income protection, etc? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If No, how would your lifestyle needs be maintained if you and/or your partner were: a) Temporarily unable to earn an income, for example through sickness/illness? b) Permanently unable to earn income, for example through death/permanent disability? | | |

| | | |
|--|------------------------------|-----------------------------|
| Would you like someone to contact you regarding life insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have home and contents insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you received advice from an accountant, solicitor or financial planner regarding your requirements or financial objectives? If Yes, please provide details: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

L. OTHER ADVISORS - APPLICANT 1&2

| | | |
|-------------------------------------|----------------------------|----------------------|
| Accountant Business Name | Accountant Name | Contact Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Solicitor/Conveyancer Business Name | Solicitor/Conveyancer Name | Contact Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Real Estate Agency | Agent Name | Contact Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I/We agree that my/our broker may keep the above parties updated about progress of my/our loan application.