

# Financial Hardship Application Form



If you have any questions about the process, or if you require assistance to complete this application, please contact our Customer Service team on (07) 3802 5577 (Office hours Monday to Friday, 8:15am to 5:15pm except public holidays).

**Policy Number:**

Please complete all sections.

**Applicant** (if there are more than two applicants, please complete an additional application)

Applicant 1 Surname

Applicant 1 Given name(s)

Applicant 2 Surname

Applicant 2 Given name(s)

Postal address

State

Postcode

Preferred contact number

Email Address

We will use this email address for all written communication unless you advise us that you want to receive contact by post

## Hardship details

### CIRCUMSTANCES OF HARDSHIP

Please explain the reasons for your application

### NATURE OF ASSISTANCE

What assistance would you like **AWN Insurance** to consider?

Extension of due date for payment. If so, when will you be able to make payment?

Paying in instalments. What can you afford, how often and over which period?

Paying a reduced lump sum. What can you afford?

Postponing one or more instalments. When will you be able to start/re-start making payments?

Other (including combination of the above options or a possible waiver of the debt).

Please provide details of what you are seeking: