

## REQUEST FOR FINANCIAL DIFFICULTY ASSISTANCE

### CONTACT INFORMATION

Customer Name			
Company/Partnership Name			
Account Number			
Address			
Phone		E-mail	
Banking Manager		Branch	

### REASONS FOR FINANCIAL DIFFICULTY REQUEST

*Explain your current circumstances and provide any other reason why you are seeking assistance. Common circumstances that can lead to financial difficulty include natural disasters, drought, injury or illness, relationship breakdown, or death or bereavement.*

### DETAILS OF FINANCIAL DIFFICULTY REQUEST

*What assistance measures would you like Rural Bank to consider? (E.g. payment extension, provision of further funding, deferral or waiver of principal reduction, capitalising interest, other.)*

## RESTORING YOUR FINANCIAL POSITION

*Is the change to your financial position temporary or permanent?*

*Based on the reason for your request, what do you believe will resolve your financial difficulty? (E.g. end of drought, recovery from illness or injury, etc.)*

*How long do you anticipate you will need financial difficulty assistance?*

*What measures have you taken, or do you plan to take, in response to your financial difficulty? (E.g. partially/fully destocking, change in cropping/horticultural program, deferral of capital expenditures, selling of assets, etc.)*

*If the circumstances of your financial difficulty worsen or persist for longer than anticipated and restoring your financial position becomes unlikely, what further options might you consider?*



Rural Bank - A Division of Bendigo and Adelaide Bank Limited | ABN 11 068 049 178 | AFSL 237879  
PO Box 3660 | Rundle Mall | South Australia | 5000 | Phone: 1300 660 115 | Fax: 08 7109 9303  
[service@ruralbank.com.au](mailto:service@ruralbank.com.au) | [www.ruralbank.com.au](http://www.ruralbank.com.au)

## THIRD PARTY INFORMATION

Complete this information if you would like us to contact any third parties to discuss your request (e.g. Rural Financial Counsellor, Accountant, Solicitor, Real Estate Agent, Friend or Family Member, other).

Name		Name	
Description		Description	
Name		Name	
Description		Description	
Name		Name	
Description		Description	

If you do not have a third party representative, would you like to be referred to one? Yes  No

## AUTHORITY & ACKNOWLEDGEMENT

- I/we authorise Rural Bank to provide and release any information, discuss, and deal with any of my/our banking arrangements and details with any of the above listed agents.
- I/we acknowledge and agree that Rural Bank is collecting the information in this form to assess my/our financial difficulty application and will rely upon the information I/we have given to assess the application. If the information is not complete or accurate, this may affect Rural Bank's ability to assist me/us.
- Note: for privacy reasons, if you have provided any information about another person, please advise that person that you have provided their details to Rural Bank.
- If you have a joint account, and you ask us, we can assist you without involving the other person/s initially. Please mark the box below if this is the case.

If you do not wish for a joint account holder to be involved initially, please tick this box

## SIGNATURE

Signature		
Name and Title		
Date		

Please supply completed form either to your Relationship Manager, by post to Rural Bank, PO Box 3660, Rundle Mall, SA 5000, or by email to [service@ruralbank.com.au](mailto:service@ruralbank.com.au)



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