

Application for an Aged Care Loan (7 year term)

1. Applicant & Attorney(s)

APPLICANT

Title	Mr Ms Other Mrs Miss _____	Marital Status	Single Married Widowed De facto
Surname		Tel.	home ()
Given names			business ()
Preferred name			mobile
Date of birth	/ /	Email	
Australian citizen	Yes No	Drivers Licence no.	
Home address			
Postcode			
Postal address			
Postcode			

ATTORNEY 1 (PRIMARY CONTACT)

ATTORNEY 2

Title	Mr Ms Other Mrs Miss _____	Mr Ms Other Mrs Miss _____	
Surname		Surname	
Given names		Given names	
Preferred name		Preferred name	
Date of birth	/ /	Date of birth	
Australian citizen	Yes No	Australian citizen	
Drivers Licence no.		Drivers Licence no.	
Tel.	home ()	Tel.	home ()
	business ()		business ()
	mobile		mobile
Email		Email	
Home address			Home address
	Postcode		
Postal address			Postal address
	Postcode		

If more than two persons are appointed as Attorney please provide full details on a separate page and attach.

Will this application be signed under an Enduring Power of Attorney? Yes No

If you would like us to send documents to the Attorney(s) rather than the Applicant, please complete the nomination below.

FORM OF NOMINATION

I nominate _____ and _____

to receive notices and other documents under the National Credit Code **(the Code)** on my behalf.

Address that you wish documents to be sent to :

Address

Postcode

I acknowledge that:

- each debtor, mortgagor, or guarantor is entitled to receive a copy of any notice or other document under the Code;
- by signing this form, the debtor, mortgagor or guarantor is giving up the right to be provided with information direct from us; and
- any person who has signed this form can advise us at any time in writing that the person wishes to cancel the nomination.

2. Loan requirements and objectives

Loan Purpose	
Aged care entry	\$
Security property repairs/maintenance	\$
Repay existing debt/loan	\$
Total amount required	\$

Loan Set up costs to be added to total amount required? Yes No

3. Aged Care Provider (if known)

Facility Name	
Facility address	
	Postcode
Aged Care Facility Tel.	()
Contact name	
Contact title	

Initial of Applicant / Attorney(s)

4. Particulars of property being mortgaged (the security property)

Security address			
	Postcode		
Registered proprietor/s		Owner occupied Investment	Vacant (owner in aged care)
Estimated Value	\$		
Mortgage, debt or loan outstanding?	Yes No		
	If yes, name of lender?		
Property type	Residential dwelling	Rural/Residential	Industrial unit
	Residential unit	_____ acres	Serviced/Managed apartment
	Rural (>100 acres)	Retail Shop	Commercial office
	_____ acres		

If more than one property is being mortgaged, please provide details on a separate page and attach.

Solicitor's full name		Tel. mobile	
Solicitor's email			
Has this loan been discussed with other family members?	Yes	No	
If no, please provide background information.			
Will the security property be rented out?	Yes	No	
Does anyone currently reside at the security property?	Yes	No	
If yes, provide their:	Full name		
	Date of birth		
	Relationship to Applicant		
	The basis of occupancy		
Do you understand that ultimately we will rely on the sale of the security property if you have no alternative means of repaying this loan when payment becomes due?	Yes	No	
What is the Applicant's monthly income? Please provide evidence eg. copy of bank statement/copy of aged pension card.	\$		
What are the Applicant's monthly living expenses?			
How are property expenses currently met?			
How are daily expenses currently met?			
Other information relevant to this application			

Initial of Applicant / Attorney(s)

5. Privacy Consent

This consent relates to La Trobe Financial Services Pty Limited ACN 006 479 527 Australian Credit Licence 392385, La Trobe Financial Asset Management Limited ACN 007 332 363 Australian Credit Licence 222213, and our related body corporates ('we', 'us', 'our'). By signing this document you consent to us and some other entities collecting, using, holding and disclosing personal and credit information about you. If you do not provide us with this consent or provide us with your personal information we may not be able to arrange finance for you or provide other services. This consent relates solely to the Applicant. No credit information about the Attorney(s) will be reviewed as part of the decision to arrange finance for the Applicant.

We may collect, use, hold and disclose personal and credit information about you for the purposes of arranging or providing credit to you, managing that credit, direct marketing of products and services by us and managing our relationship with you.

Credit information includes the type and amount of credit provided to you, repayment history information, default information (including overdue payments) and court information. *Personal information* includes any information from which your identity is apparent.

You may gain access to the personal information that we hold about you by contacting us. A copy of our privacy policy can be obtained at latrobefinancial.com.au/Home/PrivacyPolicy or by contacting us on 13 80 10. Our privacy policy contains information about how you may access or seek correction of your personal information and credit information, how we manage that information and complaints processes.

It also contains information on 'notifiable matters' including things such as the information we use to assess your creditworthiness, what happens if you fail to meet your credit obligations or commit a serious credit infringement, your right to request that credit reporting bodies (CRBs) not use your credit information for the purposes of pre-screening credit offers, and your right to request a CRB not to use or disclose credit information about you if you believe you are a victim of fraud.

Consumer and commercial credit information We may exchange your commercial and consumer credit information with entities listed below to assess an application for consumer or commercial credit and manage that credit. In particular, we can obtain credit information about you from a CRB providing both consumer and commercial credit information.

Exchange information with credit providers We may exchange your personal and credit information with other credit providers for the purposes of assessing your creditworthiness, credit standing, and credit history or credit capacity.

Exchange information with guarantors We may exchange your personal and credit information with any person who proposes to guarantee or has guaranteed repayment of any credit provided to you.

Exchange information We may exchange personal and credit information with the following types of entities, some of which may be located overseas. Please see our privacy policy for more information.

- Finance brokers, mortgage managers, and persons who assist us provide our products to you;
- Financial consultants, accountants, lawyers and advisers;
- Any industry body, tribunal, court or otherwise in connection with any complaint regarding the approval or management of your loan – for example if a complaint is lodged about us or the lender;
- Businesses assisting us with funding for loans;
- Trade insurers;
- Investors and potential investors in our Fund – for example sometimes loans are matched with specific investors, requiring disclosure of personal and financial information about you to those investors and potential investors;
- Any person where we are required by law to do so;
- Any of our associates, related entities or contractors;
- Your referees, to verify information you have provided; and
- Any person considering acquiring an interest in our business or assets.

Customer identification We may disclose personal information about you to an organisation providing verification of your identity, including on-line verification of your identity.

We may exchange your personal and credit information with the following CRBs:

Equifax – equifax.com

Dun & Bradstreet (Australia) Pty Ltd – dnb.com.au

Experian – experian.com.au

Initial of Applicant / Attorney(s)

6. General

By signing and initialling this form, you agree that:

- the information provided by you is true and correct in every particular;
- we may obtain a valuation of the security property at your expense;
- if we provide the credit requested in this application you will execute the mortgages that we require over the security properties;
- we and our intermediaries may be paid fees, margins and commissions in respect of the credit arranged by us and provided to you;
- we are entitled to retain all initial upfront fees, including the fee paid for the valuation. Whether we ultimately decide to grant or refuse your application for credit, the valuation will always remain our property; and
- La Trobe Financial in making its credit decision, is relying on the information that you have provided in this application. Please make sure that the information is correct. Obtaining finance by deception, fraud or dishonesty, which includes making false statements as to income, are crimes which may be punishable by imprisonment.

Signatures

Signature of Applicant/Attorney	Name in full	Date / /
The Applicant/Attorney(s) to initial each page		
Signature of Applicant/Attorney	Name in full	Date / /
The applicant/Attorney(s) to initial each page		

7. Identification Checks

We need to identify **both the Applicant and the Attorney** (if an Attorney is involved in this Application).

Applicant

Please provide certified copies of as many of the following documents as possible:

- Birth certificate
- Current Passport
- Pension of Government Health Card
- Medicare Card
- Telephone Account
- Bank Statement

These documents can be certified by a Doctor or Nurse working at the Aged Care Facility where the Applicant will be residing.

Attorney

If you are an Attorney assisting the Applicant with this Loan Application, then you will need to be identified in person by one of the following:

- Australia Post (a fee applies);
- La Trobe Financial staff member; or
- Finance Broker (if applicable).

Please provide an appropriate combination of identification documents as indicated on the appropriate form attached.

Initial of Applicant / Attorney(s)

Application for Mortgage Finance Broker Declaration

8. Credit Assistance Provider assessment declaration (finance broker use only)

Broker full name

Broker email

Broker mobile

Broker tel.

Company name

ABN

Aggregator (if applicable)

Company address

Loan Status Updates – send to: (tick all applicable)

Broker email

Broker mobile

Other: Name

Email

Mobile

La Trobe Financial BDM (if applicable)

MFAA member

MFAA membership number

FBAA member

FBAA membership number

Credit licence declaration

I hold an Australian Credit Licence under the *National Consumer Credit Protection Act 2009*

ACL/Reg. number

OR

I am an Authorised Credit Representative or employee of an Australian Credit Licensee under the *National Consumer Credit Protection Act 2009*

Name of ACL holder

ACL/Reg. number

ACR number

By signing this form I declare that

I have met the *National Consumer Credit Protection Act 2009* responsible lending obligations by:

- making reasonable inquiries about the Applicant's financial situation, including their actual living expenses.
- making reasonable inquiries about the Applicant's requirements and objectives.
This information is documented on file and held by me for a period not less than 7 years;
- taking reasonable steps to verify the Applicant's financial situation; and
- making a preliminary assessment as to whether the credit contract applied for is not unsuitable for the Applicant's based on the information provided.

Signature of Credit Assistance Provider

Date:

Initial of Applicant / Attorney(s)

Up Front Valuation Order Form



Date (DD/MM/YY): _____

Email to: apply@latrobefinancial.com.au
www.latrobefinancial.com

9. Valuation Form

Introducing Broker:

Aggregator:

Client's Name (brief):

Valuation contact for access:

Name:

Mobile:

Home:

Work:

E-mail:

Occupation:

Years Experience:

0-5 yrs

5-10 yrs

10-20 yrs

over 20 yrs

Proposal:

Purchase

Refinance

Lender if Refinance:

Cash Out:

\$

Purpose:

Type of Property:

Residential

Rural

Factory

Warehouse

Office

Retail

Strata

Torrens Title/
Leasehold

Other (please specify):

Location:

Size (required for Strata Title & Rural):

Owner Occupied/Tenanted:

Zoning:

Term (years):

0-5 yrs

5-10 yrs

10-20 yrs

Over 20 yrs

Brief Description of Property:

Purchase Price or Estimated
Value (if owned):

\$

Loan Required:

\$

Aged Care Loan

CREDIT CARD DETAILS:

Card Type:

Visa

Mastercard

Name on Card:

Card Number:

Expiry Date:

Signature _____ Amount \$ _____ (Or to be confirmed)

This form is provided to assist in ordering an up front valuation & is not an indication of finance approval.

Initial of Applicant / Attorney(s)

10. Supporting Documentation Checklist

Document checklist for submission with application forms	Attached			Comment
	Yes	No	Not Applicable	
1. La Trobe Financial Aged Care Loan Customer identification checklist and supporting documentation for the Applicant	Yes	No	Not Applicable	
2. La Trobe Financial Aged Care Loan Customer identification checklist and supporting documentation for the Attorney(s)	Yes	No	Not Applicable	
3. Certified copy of the Enduring Power of Attorney	Yes	No	Not Applicable	
4. Evidence of monthly income	Yes	No	Not Applicable	
5. Copy of recent rates notice	Yes	No	Not Applicable	
6. Recent statement for any other debts to be repaid at settlement	Yes	No	Not Applicable	
7. Discharge authority if an existing mortgage being repaid	Yes	No	Not Applicable	
8. Copy of Aged Care Agreement (If available)	Yes	No	Not Applicable	
9. Valuation	Yes	No	Not Applicable	
10. Broker Declaration	Yes	No	Not Applicable	
11. Verification of Identity	Yes	No		

**Please submit application and supporting documentation to: apply@latrobefinancial.com.au or
Post to: La Trobe Financial, GPO Box 2289 Melbourne VIC 3001
Phone: 13 80 10 | Fax: 03 8610 2899**

Initial of Applicant / Attorney(s)

Verification of Identity Certificate by Identity Agent

(Finance Broker Only)



Note: A separate Certificate of Identification must be completed for each borrower, guarantor, mortgagor, and end beneficiary 25% or more for trusts and companies.

YOU MUST PERSONALLY MEET EACH INDIVIDUAL AND SIGHT EACH DOCUMENT IF THIS IS NOT POSSIBLE PLEASE VISIT LATROBEFINANCIAL.COM FOR OTHER OPTIONS

1. INDIVIDUAL

Name of person: _____

Other names known by: _____

Date of Birth: _____

Role of Person: Mortgagor Guarantor Borrower Director Secretary Attorney

Address of person: _____

Is the individual or any of their close business relationships, associates or family members politically exposed persons e.g. Heads of State, senior politicians, senior government officials (including local government), judicial or military officials, senior executives of state owned corporations, or senior political party officials?
If you answer yes, we may request additional information from you.

YES NO

YOU MUST PERSONALLY SIGHT AND CERTIFY EACH ORIGINAL DOCUMENT

Please start with Category 1. If the person cannot provide all documents in Category 1, move to Category 2 and so on.

CATEGORY	IDENTIFICATION DOCUMENTS REQUIRED All documents must be originals. All documents must be current. Note: Australian passports may be expired by no more than two (2) years	CATEGORY SATISFIED You must sight every original document in a single category.	COPIES ATTACHED A broker certified clear copy of each document must be attached to this Certificate.
Category 1	A. Australian or Foreign Passport; AND B. Australian Drivers Licence or Photo Card; AND C. Marriage certificate or change of name (if applicable).	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Category 2	A. Australian or foreign passport; AND B. Full birth, citizenship or descent certificate; AND C. Medicare, Centrelink or Department of Veteran Affairs Card; AND D. Marriage certificate or change of name (if applicable).	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Category 3	A. Medicare, Centrelink or DVA Card; AND B. Full birth, citizenship or descent certificate; AND C. Australian Drivers Licence or Photo Card; AND D. Marriage certificate or change of name (if applicable).	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Category 4: Option (a)	A. Australian or Foreign Passport; AND B. Another form of Government issued photo ID; AND C. Marriage certificate or change of name (if applicable).	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Category 4: Option (b)	A. Australian or Foreign Passport; AND B. Full Birth Certificate; AND C. Another form of Government issued ID; AND D. Marriage certificate or change of name (if applicable).	<input type="checkbox"/> YES	<input type="checkbox"/> YES

Verification of Identity Certificate by Identity Agent

Note: A separate Certificate of Identification must be completed for each borrower, guarantor, mortgagor, and end beneficiary 25% or more for trusts and companies.

2. CORPORATION

Name of Company: _____

ACN of Company: _____

Registered Address: _____

Confirm Existence and Identity of Corporation or Unincorporated Association

- Current ASIC Search (provide copy of extract) or Registration Certificate of Unincorporated Association
- Other (specify): _____

Who can sign for the Corporation or Unincorporated Association

Name(s) of Director(s) _____

Other (please specify): _____

- Complete a separate Certificate for each Director and for each shareholder owning 25% of more of the Company. For trusts, please complete a separate Certificate for the individual(s) (i.e. natural persons) who through those companies or trusts own 25% or more of the entity being identified.

3. TRUST

Name of Trust: _____

Type of Trust: _____

Full name(s) of Beneficiaries: _____

Completed a separate individual Certificate for each:

- Trustee Person holding 25% or more of Trust assets Settlor (Where settled sum is \$10,000 or more.)
- Provided a copy of the Trust Deed

4. POWER OF ATTORNEY

Principal: _____

Attorneys: _____

Date of Power: _____

- Verified that the proposed transaction is authorised under the Power of Attorney.
- Copied the Power of Attorney and certified the copy as true copy of the original.
- Attached the certified copy of the the Power of Attorney to this Certificate.

Verification of Identity Certificate by Identity Agent



Note: A separate Certificate of Identification must be completed for each borrower, guarantor, mortgagor, and end beneficiary 25% or more for trusts and companies.

5. FINANCE BROKER DECLARATION

MFAA or FBAA Member: FBAA MFAA FBAA / MFAA No: _____

Name of Licence Holder or Registered Entity: _____

ACL/Reg No: _____

If you are an Authorised Credit Representative of the Licensee/Registered Entity you must complete below, or provide proof of appointment:

Full name of ACR: _____ ACR No: _____

I accept appointment as La Trobe Financial's Identity Agent for the sole purpose of verifying the identity of the person(s) described in this document under ARNECC's Version 3 Model Participation Rules and Verification of Identity Standard. By signing below I hereby certify that:

- a) I have followed the instructions set out in this form and so have conducted the verification of identity in compliance with the Verification of Identity Standard;
- b) I am not a party to this transaction;
- c) The original current identification documents listed on page 1 were produced to me, and copies of these documents signed, dated and endorsed by me as true copies are attached to this certificate; and
- d) I have given La Trobe Financial no reason to believe that I am not a reputable and competent person;
- e) I have professional indemnity insurance and fidelity insurance; or professional indemnity insurance which provides cover for third party claims arising from dishonest and fraudulent acts; and that insurance covers the verification of identity.
- f) Face to face verification was carried out by me;
- g) The documentation provided is current or within acceptable time frames;
- h) All photographic identification is a reasonable likeness to the individual;
- i) Nothing in my dealings with the person being identified has raised any suspicion concerning their identity or proposed transaction.

I HAVE CERTIFIED COPIES OF THE ORIGINAL ID DOCUMENTS AS FOLLOWS "I have sighted an original copy of this document" with my signature, legible name and date.

Print Full Name of Identity Agent: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

6. IF IDENTIFICATION UNDERTAKEN BY LA TROBE FINANCIAL STAFF MEMBER

Print Full Name of Staff Member: _____

Position of Staff Member: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

Land title Identity verification form



Instructions

The details in section A must exactly match your identification documents. Section C should contain the address of the property being transacted (e.g. address of the property being sold, transferred, etc). If you have changed your name from that on an identification document, you will also need to provide a change of name document. You must produce original and current identification documents in one of the following categories. Please check which documents are acceptable below.

A translation will be required for Passports, Drivers licences and Birth certificates if not in English. The translation is to be completed by a NAATI accredited translator (go to www.naati.com.au for details).

You should produce two category 1 documents, if these have been issued to you. If you cannot satisfy category 1 requirements then you must produce documents from the highest other category possible.

Australian citizen or resident				Non-Australian citizen or resident
Category 1	Category 2	Category 3	Category 4 (a)#	Category 5
ONE of the following <ul style="list-style-type: none"> Australian passport Foreign passport including an Australian resident visa label ◊ 	ONE of the following <ul style="list-style-type: none"> Australian passport Foreign passport including an Australian resident visa label ◊ 	ONE of the following <ul style="list-style-type: none"> Australian drivers licence Proof of age card / Photo card (issued by a state or territory) 	<ul style="list-style-type: none"> Declaration of Identity[^] (issued in the last 3 months) 	<ul style="list-style-type: none"> Foreign passport AND <ul style="list-style-type: none"> ONE of the following <ul style="list-style-type: none"> (a) Australian / foreign drivers licence Proof of age card / Photo card (issued by a state or territory) OR <ul style="list-style-type: none"> (b) Full birth certificate
AND	AND	AND	AND	
ONE of the following <ul style="list-style-type: none"> Australian drivers licence Proof of age card / Photo card (issued by a state or territory) 	ONE of the following <ul style="list-style-type: none"> Full birth certificate Citizenship certificate 	ONE of the following <ul style="list-style-type: none"> Full birth certificate Citizenship certificate 	ONE of the following <ul style="list-style-type: none"> Full birth certificate Citizenship certificate 	OR <ul style="list-style-type: none"> (b) Full birth certificate
	AND	AND	AND	
AND (if required) Change of name* <ul style="list-style-type: none"> Marriage certificate Change of name certificate 	ONE of the following <ul style="list-style-type: none"> Medicare card Centrelink card DVA card 	ONE of the following <ul style="list-style-type: none"> Medicare card Centrelink card DVA card 	ONE of the following <ul style="list-style-type: none"> Medicare card Centrelink card DVA card 	AND
	AND (if required) Change of name* <ul style="list-style-type: none"> Marriage certificate Change of name certificate 	AND (if required) Change of name* <ul style="list-style-type: none"> Marriage certificate Change of name certificate 	AND (if required) Change of name* <ul style="list-style-type: none"> Marriage certificate Change of name certificate 	AND (if required) Change of Name* <ul style="list-style-type: none"> Marriage certificate Change of name certificate

How to lodge your application at Australia Post

- Lodge your form at any participating Australia Post retail outlet. To find the nearest participating outlet, please go to auspost.com.au/find/landtitle or call 13 POST (13 7678).
- Do not complete section D in advance. Your signature must be witnessed by the Australia Post verifier.
- Identification documents presented must be original and current.
- Copies of your identification documents will be certified as true copies and forwarded to your conveyancer / lawyer / mortgagee.
- Your photo will be taken by Australia Post and forwarded to your conveyancer / lawyer / mortgagee.
- The fee for the verification of identity service is payable to Australia Post. Fees can be paid by cash, EFTPOS, Visa or MasterCard. Cheques are not accepted.
- If you have a Client Authorisation form, or other registry instrument or document it can be presented and witnessed by Australia Post when this form is lodged.

◊ If your foreign passport does not contain an Australian visa sticker, you must present a letter / printed email from the Department of Immigration with your visa details;

* Must be issued by the Registry of Births, Deaths and Marriages. Documents issued by a celebrant are not acceptable;

^ The Declaration of Identity is a statutory declaration by a person who knows the applicant and must detail the following:

- The full name, address and date of birth (must be 18+ years of age) of the person making the declaration;
- The occupation of the person making the declaration;
- The nature of the declarants relationship with the person being identified;
- A declaration that they are not a relative of the person being identified;
- That the declarant is not a party to the conveyancing transaction the person being identified has or is entering into;
- The length of time that they have known the person being identified (must be more than 12 months); and
- That to the declarant's knowledge, information and belief the person being identified is who they purport to be.

Note: The person being identified and the person making the statutory declaration are to attend and each be verified in the same face-to-face in-person interview.

Category 4(b) is not performed by Australia Post.

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