

CARER REQUEST FORM

Please return this waiver request form promptly to us with all questions fully answered.

1. Personal Details

Surname..... First name

Date of birth Loan number.....

Address Suburb/Town

Telephone.....(.....)..... Email.....

2. Personal Details (Of person being cared for)

Surname..... First name

Address Suburb/Town

Relationship to the insured.....

3. Caregiving Details

Reason for caring.....

.....

.....

Start date of caregiving/...../..... Date employment ended/...../.....

(Please attach copy of resignation letter and medical confirmation of the person that needs care).

4. Declaration and Privacy Act 2020

I acknowledge that this waiver request form collects personal information concerning me pursuant to the terms and conditions of the payment waiver for the purposes of evaluating my waiver request. The personal information provided in this waiver request form is collected and held by Oxford Finance Limited. I have the right to access and correct this information subject to the provisions of the Privacy Act 2020.

I authorise the use and disclosure of my personal information to Oxford Finance Limited and others for the purposes of assessing my request.

I declare that all statements made in this form are true and correct and that no material information has been withheld.

I acknowledge that if I have not answered any questions correctly, completely or honestly, my waiver request may be declined.

I acknowledge that any benefits payable under this waiver request will be paid to the financier of my loan.

Signature of Customer X Date