



PERSONAL LOAN FACILITY AGREEMENT VARIATION (MOTOR VEHICLE)

PARTIES: MEMBER NUMBER: Error! Reference source not found.

Member(s): Error! Reference source not found.

Co Borrower or delete

Address: Error! Reference source not found., Error! Reference source not found., Error! Reference source not found..

THE POLICE AND FAMILIES CREDIT UNION, Level 11, 57 Willis Street, Wellington (the Credit Union)

Telephone: 0800 429 000, Fax 04 499 2006, Email: info@policecu.org.nz.

The Member has applied to the Credit Union to vary the terms of the Personal Loan Facility Agreement (the Facility) and the Credit Union has approved the variation of the Facility as set out below.

This variation will become effective upon receipt by the Credit Union of a signed and dated copy of this document.

Facility Account: the Members Loan Account, Account number Error! Reference source not found. .

TERMS OF THE VARIATION

Table with 2 columns: EXISTING LOAN FACILITY and VARIATION DETAILS. Rows include Commencement Date, Date of Last Variation, Facility Amount, Annual Interest Rate, Repayment Term, Fortnightly Payments, and Unpaid Balance.

PAYMENT DATE

The New Fortnightly Payments amount will apply from the next available fortnightly pay date of the New Zealand Police after the advance is made.

FACILITY TERM

The term of the Facility will be 5 years from Commencement Date of the original Facility.

EXISTING SECURITY DETAILS

By signing this document the Member agrees that the security interest the member has granted the Credit Union in the property set out below will continue to secure payment of the Member's indebtedness to the Credit Union...

The Member further agrees to the security interest the Member has granted being registered on the Personal Property Security Register, under the Personal Property Securities Act 1999. (Delete one/ two option):

Security:

- Motor Vehicle Make: Model: Year:
Registration Number: VIN Number: Owned by:
Police Superannuation Scheme Member Number: Owned by:
Government Superannuation Fund Member Number: Owned by:



**VARIATION FEE**

A Loan Facility Agreement Variation fee of \$50.00 will apply, and will be capitalised to the Facility Amount drawn down.

**MEMBER'S RIGHT TO MAKE A HARDSHIP APPLICATION**

If the Member, because of illness, injury, loss of employment, the end of a relationship or any other reasonable cause is unable to meet the Member's obligations under this Agreement and reasonably expects to be able to meet those obligations if the terms were changed (for example by extending the Dates for Payment and reducing the amount of each Payment) the Member may apply to the Credit Union to agree to that change. An application must be in writing and specify the cause for the inability to meet your obligations under this Agreement.

**SPECIAL CONDITIONS**

The Redraw (top up) facility has been removed for a period of X months from date of Advance. (Delete if N/A).

The Member agrees not to enter into any additional debt obligations for a period of X months from the date of Advance (Delete if N/A).

The Member agrees to provide the Credit Union with an updated PSS/GSF balance in X months from date of Advance. (Delete if N/A).

This Facility will be repaid in full from the Member's PSS/ GSF benefit as confirmation of the Member's resignation has been received and is scheduled for [date]. (Delete if N/A).

**DISBURSEMENT OF FUNDS**

The Member requests the Credit Union disburse available funds as follows (please tick):

Credit Union Account

or

External Bank Account	<input type="checkbox"/>	Bank	Branch	Account Number	Suffix
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

or

Close and Settle  Complete or delete

**CONTINUATION OF LOAN CONTRACT**

The Member acknowledges that the Facility initially entered into has only been varied to the extent set out in this variation document, and in all other respects the rights and obligations of the Member under that Facility continue.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNED by Error! Reference source not found.

who acknowledges reading and understanding the terms of this variation and receiving a copy of it.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNED by Co Borrower or Delete this Section

who acknowledges reading and understanding the terms of this variation and receiving a copy of it.

SIGNED by: Helen Hatchard, Chief Executive  
Police and Families Credit Union



Salary deduction form

Personal Detail found.

Membership Number: Error! Reference source not found.

Error! Reference source not found. Error! Reference source not found. Error! Reference source not found. Work phone no.( ) Home phone no.( )

Deduction Details

I hereby authorise the New Zealand Police to deduct monies as indicated below from my fortnightly salary and pay the same to the Police and Families Credit Union.

Account: Loan: Error! Reference source not found. Error! Reference source not found. Error! Reference source not found. Error! Reference source not found.

Table with 3 columns: Account Name, Amount (S1-S6), and a blank field for the deduction amount.

Total \$

Please note that any changes made to the above amounts do not affect payments made to the New Zealand Police Association or the Police Welfare Fund.

Declaration

Terms and conditions

I understand and acknowledge that the Police and Families Credit Union (Credit Union) accepts this authority only upon the following conditions, namely:

- 1. The Credit Union will endeavor to effect such salary deduction without any responsibility or liability for omission to request all or any deduction or for any omission to follow any such instructions. Further, the Credit Union accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In this event, this authority is subject to any arrangements now or hereafter subsisting between myself and the Credit Union in relation to my account.
2. The Credit Union may at any time terminate this authority as to future payments by notice in writing to me.
3. This authority will remain in full force and effect notwithstanding my death, bankruptcy or any other revocation of this authority until notice of my death, bankruptcy or such revocation is received by the Credit Union.

Signature Date:

Office Use Only

First Pay Date (Effective Date) Actioned by: Date: