



Police helping Police

UNSECURED PERSONAL LOAN FACILITY AGREEMENT VARIATION

PARTIES:

MEMBER NUMBER: Error! Reference source not found.

Name: Error! Reference source not found. (the Member)

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, Willbank House, 57 Willis Street, Wellington (the Credit Union)

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 agreed to a variation of the Facility as set out below:

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

TERMS OF THE VARIATION

EXISTING LOAN FACILITY	VARIATION DETAILS
COMMENCEMENT DATE OF THE ORIGINAL FACILITY: Error! Reference source not found.	
DATE OF LAST VARIATION (if any):	COMMENCEMENT DATE: Date of this advance
EXISTING FACILITY AMOUNT: Error! Reference source not found.	NEW FACILITY AMOUNT: \$
EXISTING ANNUAL INTEREST RATE: Error! Reference source not found. % pa	NEW ANNUAL INTEREST RATE: % pa
EXISTING REPAYMENT TERM OF THE CONTRACT: months	NEW REPAYMENT TERM OF CONTRACT: months
EXISTING FORTNIGHTLY PAYMENTS: Error! Reference source not found.	NEW FORTNIGHTLY PAYMENTS: \$
EXISTING UNPAID BALANCE: Error! Reference source not found.	NEW UNPAID BALANCE: \$

PAYMENT DATE

First payment date will be due on the next available fortnightly pay date of the New Zealand Police after the advance is made, and fortnightly thereafter.

CONTINUATION OF LOAN CONTRACT

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

FACILITY TERM

5 years from commencement date of the original facility.

VARIATION FEE

The Member must pay to the Credit Union a Loan Facility Agreement Variation fee of \$50.00 for this variation that will be made in addition and capitalised to the Facility Amount drawn down.

Initials: _____



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DISBURSEMENT OF FUNDS

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

Credit Union Account

or

External Bank Account

Bank	Branch	Account Number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	0 <input type="text"/>

_____/_____/_____
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



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DISCLOSURE STATEMENT

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IMPORTANT – The Credit Union is required to provide you with this disclosure statement under section 22 of the Credit Contracts and Consumer Finance Act 2003. This document sets out the key information about your consumer credit contract. You should read it thoroughly. If you do not understand anything in this document, you should seek independent advice.

You should keep this disclosure statement and a copy of your consumer credit contract in a safe place.

This disclosure statement must be provided to you within 5 working days of the day on which the contract is made. The law gives you the right to cancel the consumer credit contract within 5 working days of the day disclosure is made to you. See your consumer credit contract for full details of your right to cancel. Note that strict time limits apply.

FULL NAME AND ADDRESS OF THE CREDIT UNION: This is the entity providing you the credit.

Name: Police & Families Credit Union

Postal Address: PO Box 12 344, Wellington.

Physical Address: Level 11, Willbank House, 57 Willis Street, Wellington.

You may send notices to the Credit Union by writing to the Credit Union at the Credit Union's postal address.

CONTINUING DISCLOSURE STATEMENTS:

The Credit Union is required to provide you with regular statements. The statements will give you information about your account (eg the unpaid balance and any interest or fees charged during the statement period) and the amount and timing of your next payment. Statements will be provided every 2 months.

NEW UNPAID BALANCE:

The amount you owe as at the date of this disclosure (including any fees charged by the Credit Union): \$

PAYMENTS:

The New Unpaid Balance together with all outstanding interest, fees and charges due under this contract are repayable by the Member in one sum on demand and pending demand being made:

The New Unpaid Balance is to be repaid by #### fortnightly payments of \$#### and 1 final payment of \$####.

FACILITY TERM:

5 years from commencement date of the original facility.

CREDIT DETAILS:

Annual Interest Rate: #### % per annum.

Facility Amount: \$####, which may be reduced by the Credit Union at any time.

METHOD OF CHARGING INTEREST:

Interest charges are calculated by multiplying the unpaid balance at the end of the day by a daily interest rate. The daily interest rate is calculated by dividing the annual interest rate by 365. Interest is capitalised to your account fortnightly.

CREDIT FEES AND CHARGES:

The following credit fee(s) and charges(s) (which are included as appropriate in the initial unpaid balance) are, or may become, payable under, or in connection with, the Agreement and will be made in addition and capitalised to the facility drawn down:

- (a) Loan Facility Agreement Variation fee of \$50.00.
- (b) Loan processing fee of \$5.00 for each redraw (top up) advance under a secured Agreement when completed by the Member through internet banking; or
- (c) Loan processing fee of \$10.00 for each redraw (top up) advance under a secured Agreement when completed by the Credit Union at the request of the Member; or
- (d) Loan processing fee of 1% of the amount of each redraw (top up) advance to a maximum of \$100.00 for a partially secured or unsecured Agreement.

You must pay the Credit Union's legal fees and disbursements pursuant to this Agreement including (without limitation) all legal and other costs associated with the preparation, execution, registration and discharge of all documents necessary to give full effect to the security.

Initials: _____



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DEFAULT CHARGES:

In the event of a breach of the contract or on the enforcement of the contract, you must pay the Credit Union's legal fees in respect of the default, including (without limitation) the costs of recovering or attempting to recover any payments due and all legal and other costs associated with the enforcement and attempted enforcement of all documents necessary to give full effect to the security.

COMPLAINT RESOLUTION:

If you are not satisfied with the services from the Credit Union or you have a complaint about your facility you should contact us at the address given above or by phone on 0800 429 000. You may contact us to make a complaint by telephone, email, or in writing. If after discussing your complaint with the Credit Union you are still not satisfied you may contact the Independent Dispute Resolution Scheme. We are a member of the Independent Dispute Resolution Scheme operated by the Financial Services Complaints Limited (FSCL) which is approved by the Ministry of Consumer Affairs. This service is free to you.

You may refer the matter to FSCL on 0800 347 257, email info@fscl.org.nz, PO Box 4567, Wellington 6145 or their physical address 4th Floor, 101 Lambton Quay, Wellington. For more details see their website www.fscl.org.nz.

Signature

Date

Error! Reference source not found. Error! Reference source not found. acknowledges that he/she has received a copy of the Personal Loan Facility Agreement Variation and this Disclosure Statement.

Signature

Date

Co Borrower or delete section acknowledges that he/she has received a copy of the Personal Loan Facility Agreement Variation and this Disclosure Statement.



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Salary deduction form

Personal Detail

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. **Error! Reference source not found.** **Error! Reference source not found.**

Transactional Account	(S1)	<input style="width: 90%;" type="text"/>	<hr/>
Goal Account	(S2)	<input style="width: 90%;" type="text"/>	<hr/>
Christmas Club	(S3)	<input style="width: 90%;" type="text"/>	<hr/>
Target Saver	(S4)	<input style="width: 90%;" type="text"/>	<hr/>
Achiever Saver	(S5)	<input style="width: 90%;" type="text"/>	<hr/>
Bonus Saver	(S6)	<input style="width: 90%;" type="text"/>	<hr/>
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	<hr/>
<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	<hr/>

Total \$

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

Declaration

Terms and conditions

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

- 1. The PFCU will endeavour 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 PFCU 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 PFCU in relation to my account.*
- 2. The PFCU 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 PFCU.*

Signature _____ Date: _____

Office Use Only

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