

PERSONAL LOAN FACILITY (UNSECURED) AGREEMENT VARIATION

PARTIES: MEMBER NUMBER:

Member(s):
Address:

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

TERMS OF THE VARIATION

EXISTING LOAN FACILITY VARIATION DETAILS

COMMENCEMENT DATE OF THE ORIGINAL FACILITY:		
DATE OF LAST VARIATION (if any):	COMMENCEMENT DATE: Date	of this advance
EXISTING FACILITY AMOUNT	NEW FACILITY AMOUNT:	\$
EXISTING ANNUAL INTEREST RATE: % pa variable	NEW ANNUAL INTEREST RATE:	% pa variable
EXISTING REPAYMENT TERM OF THE CONTRACT: months	NEW REPAYMENT TERM OF CONTRACT:	months
EXISTING FORTNIGHTLY PAYMENTS:	NEW FORTNIGHTLY PAYMENTS:	\$
EXISTING UNPAID BALANCE:	NEW 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.

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



DISBURSEMENT OF The Member reques	-	lisburse available	funds as follows (please tick	x):
Credit Union A				,
or				
O.	Bank	Branch	Account Number	Suffix
External Bank A	Account			0
or				
Close and Settl	e <u> </u>			
	ledges that the Faci	•	-	to the extent set out in this r under that Facility continue
SIGNED by who acknowledges readi	ng and understanding the	e terms of this variati	ion and receiving a copy of it.	
SIGNED by				

 $\underline{\text{SIGNED}}$ by: Helen Hatchard, Chief Executive Police and Families Credit Union