



## ANZ Past Employee Care Fund Application Form

### Eligibility

To be eligible to submit an application to the ANZ Past Employee Care Fund you must:

- Be a former ANZ permanent full time or part time employee in Australia or New Zealand employed on or after 1 June 2009.
- Have been retrenched by ANZ in Australia or New Zealand.
- Submit your application within 12 months of exit date from ANZ.
- Be able to demonstrate that you:
  - have exhausted all severance / termination payments paid by ANZ as a result of retrenchment;
  - are unable to meet reasonable and immediate living expenses as a result of retrenchment from ANZ;
  - do not have assets that could reasonably be used or sold to pay for your immediate living expenses; and
  - are presently unemployed and actively seeking work.

### Process

- Applicants should provide all necessary documentation specified in this form, or such additional documentation requested by ANZ to support their application.
- Applicants will be advised of the decision of the ANZ Past Employee Care Fund Council in writing. Decisions are final.
- Eligible applicants may submit one successful application to the Fund only.
- The ANZ Past Employee Care Fund Administrator will advise all applicants on the progress of their application.
- The ANZ Past Employee Care Fund Council in its discretion may relax the eligibility criteria where the Applicant demonstrates extenuating or compassionate circumstances.
- The ANZ Past Employee Care Fund Council reserves the right to amend eligibility and procedure from time to time.
- ANZ reserves the right to vary or close the fund at any time at its discretion.
- Completed applications (with supporting documents as required) may be submitted by post to:

ANZ Past Employee Care Fund  
C/O Betty Tran  
Level 7, ANZ Centre  
833 Collins Street  
Docklands, VIC 3008



**Personal Details**

Name: .....

Address: .....

State: .....

Post Code: .....

Country: .....

Contact Numbers (Home & Mobile): .....

Email Address: .....

**Eligibility checklist**

<p>I am a former permanent full or part time ANZ employee based in Australia or New Zealand and was employed on or after 1 June 2009.</p> <p>Tick box for yes and enter your ANZ Employee ID, Former Team, Division, Job Title and Length of Service.</p>	<p><input type="checkbox"/></p> <p>Employee ID:</p> <p>Team:</p> <p>Division:</p> <p>ANZ Job Title:</p> <p>Length of Service:</p>
<p>I was retrenched by ANZ in Australia or New Zealand. Tick box for yes.</p> <p>Please indicate if your retrenchment was due to offshoring activity, or other business change?</p> <p>Please indicate your previous Line Manager</p>	<p><input type="checkbox"/></p> <p>Offshoring <input type="checkbox"/></p> <p>Business Change <input type="checkbox"/></p> <p>Line Manager:</p>
<p>This application is being submitted within 12 months of my exit date from ANZ. Tick box for yes and enter exit date from ANZ [dd/mm/yyyy].</p>	<p><input type="checkbox"/></p> <p>/ /</p>









**State your Assets – what you own**

(include assets you own individually, jointly, or with third parties)

Bank accounts balances	\$
Other liquid assets (shares, managed investments)	\$
Property assets (estimate value of house & land)	\$
Motor vehicles	\$
Other assets (except usual home contents)	\$
Home contents (insured value)	\$
Superannuation (estimate current payout)	\$

**State your Liabilities – what you owe**

(Include loans you owe individually, jointly, or with third parties. List each loan separately)

Home loan:	\$
Investment loans:	\$
Personal loans:	\$
Other loans including business loans:	\$
Credit card (amount now owing):	\$
Total credit card limits:	\$
All other outstanding debts:	\$



## Income and Expenses

Please complete the following details and submit **certified** copies of bank statements, payslips, bills, loan statements or any other documents from the **previous 3 months** to demonstrate your typical monthly income and expenses.

A certified copy is a copy that has been certified as being a true and accurate copy of the original. To produce a certified copy, you should make a photocopy of the original document and take the original and the copy to an authorised person. Authorised persons include lawyers, police officers, justice of the peace, a manager of a bank.

### Monthly Income

Salary	Self	\$
	Spouse	\$
Other income		\$
Regular overtime		\$
Government benefits		\$
Dividends / interest		\$
Commissions		\$
Rent received		\$
Fund distributions		\$
Other – Please specify		\$

### Monthly Expenditure

House repayments / rent	\$
Personal loan repayments	\$
Credit card repayments	\$
Other loans	\$
Overdraft	\$
Phone / Mobile / Internet	\$
Electricity	\$
Gas	\$
Store card repayments	\$
Car fuel	\$
registration/insurance/ service/repairs	\$
loan/lease/rental	\$
Food and household items	\$
Clothing	\$
Council and water rates	\$
House insurance	\$
Education and fares	\$
Public transport	\$
Medical insurance	\$
Other material expenses - please specify	\$

**Total income per month** \$

**Total commitments per month** \$



Insert details of your spouse and of any dependants (such as children of any age):

Name	Relationship	Age	Are they financially dependent?	
			Yes	No

What amount do you estimate would relieve your immediate hardship?

\$ \_\_\_\_\_

What does this amount include and how did you calculate it?

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**Statutory Declaration and agreement – ANZ Past Employee Care Fund**

I, (Full name) ..... (*Declarant*)  
Of (Your address).....  
(Suburb) .....  
(State) .....  
(Postcode) .....  
(Phone – Home & Mobile) .....  
(Date of Birth – DD/MM/YYYY) .....  
(Occupation) .....

**DO SOLEMNLY AND SINCERELY DECLARE THAT:**

- 1. The facts stated by me in the application form for the ANZ Past Employee Care Fund and all documents provided by me to ANZ to support the application are true and correct in every particular.
- 2. I am currently experiencing financial hardship, and I do not have assets that could reasonably be used or sold to pay for the expenses identified by me in the application form. I have made every effort to find alternative sources of funds to meet my immediate and reasonable needs.
- 3. I will notify ANZ of all material changes to my financial position once the application is submitted and will continue to do so until a decision is made in respect of my application.
- 4. I agree that ANZ may withhold PAYG ("Pay-As-You-Go") withholding tax, where this is required by law, from any payment made to me, or on my behalf to a training institution, or similar facility. I agree that I am solely responsible for any personal income tax liability in respect of any payments made by ANZ as a result of this application. Where requested to do so, I also agree to reimburse ANZ within 14 days any Fringe Benefits Tax which may become payable by ANZ as a result of this application.
- 5. I agree to indemnify ANZ (and any related body corporate) against any loss or damage it suffers as a result of my breach of this agreement and/or any dishonest act by me in the application process, including misleading statements made by me.
- 6. I make this declaration according to the law, and understand that it is a serious offence to make a false statement.

Place your initials in the box beside the country, state or territory in which your Statutory Declaration is being made.

**Australia**

NSW                      And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

VIC                              And I acknowledge that this declaration is true and correct, and I make it in the belief that a person making a false declaration is liable to the penalties for perjury pursuant to section 107 Evidence Act 1958.



- QLD      And I make the solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1867.
- SA      And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1936.
- WA      And I make this solemn declaration by virtue of section 106 of the Evidence Act 1906.
- TAS      I make this solemn declaration under the Oaths Act 2001.
- NT      And I make this solemn declaration by virtue of the Oaths Act and conscientiously believe the statements contained in the declaration to be true in every particular. NOTE: A person wilfully making a false statement in a declaration is liable to a penalty of \$2,000 or imprisonment for 12 months, or both.
- ACT      And I make this solemn declaration by virtue of the Statutory Declarations Act 1959 and subject to the penalties provided by the Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

**New Zealand**

- New Zealand      And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths and Declarations Act 1957.

Declared at .....[location] on .....[date]

.....  
(Signature of declarant / person making the declaration)

Before me \_\_\_\_\_  
(Signature of witness/ person before whom the declaration is made)

\_\_\_\_\_  
(Name of witness/ person before whom the declaration is made)

\_\_\_\_\_  
(Address of witness/ person before whom the declaration is made)

\_\_\_\_\_  
(Title or qualification of witness/person before whom the declaration is made)