

I/We authorise that the information contained in this application form may be used by and relied on by the lending and insurance and KiwiSaver institutions listed below. This will include the lenders respective Mortgage Guarantee Insurance Company and credit reference agencies.

Authorised Institutions include: ANZ, Apricity, ASAP Finance, ASB, Avanti Finance, Bank of China, Basecorp Finance, Bluestone, BNZ, Central Finance, Clever Money, Cressida Capital, DBR, FICO Finance, First Mortgage Trust, Funding Partners, Heartland Bank, Kiwi Bank, Liberty, Lock Finance, NZCU, Pepper Money, Plus Finance, Prospa, Resimac, SBS, Southern Cross Partners, Sovereign, Cooperative Bank, TSB, Westpac, XE Currency, AIA Insurance, Fidelity Life, Asteron Life, Partners Life, nib Health and Generate KiwiSaver.

I/We understand that the broker does not charge me for these services, unless specifically agreed in writing in advance, but receives a commission from the institution providing the loan or policy. The broker is not an employee, agent, partner nor joint venture partner of, nor does the broker act on behalf of the institution.

I/We acknowledge that personal information collected in this form and in the course of my dealing with the broker named in this application (broker) is collected initially for the purpose of assessing my application for mortgage finance or personal and business insurance and may be given to a number of institutions at the discretion of the broker. If my application is successful, I/we accept that the information will be used by the institution for the purpose of administering the loan and by the institution and broker for administering any ongoing commission payments to the broker. The institution may also use the information in accordance with their own privacy policy, available on their website.

If the broker has an arrangement with the institution that they will pay ongoing commission over the term of the loan or policy, the institution will periodically disclose the loan balance or policy amount to the broker.

I/We accept that the broker and institution might use my personal information for market research purposes and to notify me/us of any products or services that may be of interest to me/us.

I/We accept that the institution will, from time to time, make the information available to the institutions mortgage or risk insurer (if any) any person with whom the lender proposes to enter into contractual agreements, any security, trustee and any assignee or potential assignee of the institutions rights (the recipients).

The name and address of the broker that will hold this information is:

Name : GUY THOMAS CARTER, WILLIAM ALLAN GRAY YOUNG AND/OR JOEL PEASEY

Address : LEVEL 1, 311 HAWTHORNE DRIVE, FRANKTON, QUEENSTOWN, 9300

I/We understand that I/we are not required by law to provide any personal information to the broker but any failure to do so might prejudice any chances of obtaining finance or insurance.

I/We authorise:

- The Broker, the Institution and the Recipients to collect personal information about me from third parties including, but not limited to, the FMA, credit reporting agencies, banks, employers and medical staff, and for those third parties to disclose information to the Broker, Institution and Recipients.
- The Institution to disclose my personal information to the Broker during the term of the loan or policy in order to answer my queries or assist me with my financial arrangements as my circumstances change.
- The Broker, the Institution and the Recipients to disclose my personal information to credit reporting agencies and also to any third party making an authorised enquiry about me.
- The credit reporting agencies of the Broker, the Institution and the Recipients to hold my personal information on their systems and use my personal information held on their system to provide credit reporting services.
- The credit reporting agencies of the Broker, the Institution and the Recipients to provide my personal information to its customers using their credit reporting services.
- The Broker, the Institution and the Recipients to use the services of their credit reporting agencies in future for the purposes related to the provision of the loan and/or any other credit to me. This authorization shall include the use of any monitoring services to receive updates about me if any of the personal information held about me changes.
- The Broker, the Institution and the Recipients to give information to credit reporting agencies about my default in any payment obligations.
- The credit reporting agencies of the Broker, the Institution and the Recipients to provide information about my default in any payment obligations to other customers of the credit reporting agencies.



I/We understand that pursuant to the Privacy Act 2020 I have the right to request access to and correction of any personal information held by the broker or institution.

I/We confirm that:

- The information contained in the application is true and correct.
- I/We have read and understood this Authority and Declaration form.
- I/We have received and read the Your Mortgage Team Disclosure Statements.
- I am to meet legal and valuation costs.
- I am not registered for GST and will not be with respect to the security property.
- I am/will be registered for GST but the security property is not/will not be used for the purpose of a taxable activity.
- I am/will be registered for GST but the security property is/will be used for the purpose of a taxable activity.
- I confirm that in the event of my lending being clawed back within 28 months, I may be subjected to a charge from the broker to cover this loss.
- I/We consent to receiving electronic communications from Guy Carter, William Young, Joel Peasey and/or any other employee in behalf of Your Mortgage Team.

Personal Risk Insurance

I/We acknowledge that as part of the intended financing transaction, I should review my personal risk insurance requirement.

I have been offered the option to review my person risk insurance requirements by a specialist insurance adviser and have decided to:

- Have the review completed by an appointed insurance adviser
- Decline the option to review my personal insurance and exempt the broker/consultants/insurance advisers from any liability or loss caused as a result of this decline.
- Please refer me to a referral partner for the purposes of putting in place or reviewing my personal risk insurance.

KiwiSaver and Superannuation

I/We acknowledge that as part of the intended financing transaction, I should review my KiwiSaver or Superannuation Scheme.

I have been offered the option to review my KiwiSaver or Superannuation Scheme by a financial adviser and have decided to:

- Have the review completed by an appointed financial adviser
- Decline the option to review my KiwiSaver or Superannuation Scheme and exempt the broker/consultants/insurance advisers from any liability or loss caused as a result of this decline.
- Please refer me to a referral partner for the purposes of putting in place or reviewing my KiwiSaver or Superannuation.

The signing of this application form in no way implies an application has been made to the broker for such a review.

I/We understand that should my/our circumstances change before the loan is repaid; I/we are responsible for continuing to make loan repayments.

In the event of death, I/we understand that it will be the estates responsibility to make the loan repayments and/or to pay off any loan balance.

I/We acknowledge that I/we received a copy of my/our loan application form and confirm that the information included in this application, including my asset and liability statement is true and correct.

I/We acknowledge that if I/we sell or refinance away and property relevant to this transaction within 28 months, that there will be an administration fee due to clawback liability of up to 100% of the clawback amount, as per the Disclosure Statement provided.

NAME _____ NAME _____

SIGNED _____ SIGNED _____

DATE _____ DATE _____

Privacy Act 2020

1. We collect personal information from you, including information about your:
 - a. Name;
 - b. contact information;
 - c. location;
 - d. computer or network (if necessary to your assessment); and
 - e. interactions with us
2. We collect your personal information in order to:
 - a. Identify the scope of your financial needs and effectively carry out those needs in relation to financial services.
3. Besides our staff, we may share this information with:
 - a. Product or service provider when implementing any of our recommendations or variations thereof;
 - b. Compliance advisers, assessors or claims investigators who may need access to such information;
 - c. Any other professionals such as solicitors, accountants, finance brokers and financial planners when such services are required to complement this advice and as requested by you; and
 - d. The FMA.
4. Providing some information is optional. If you choose not to enter a certain type of information pertinent to the required service, we'll be unable to provide our service efficiently and effectively.
5. We keep your information safe by storing it in password protected files and only allowing certain staff to access it .
6. We keep your information for four years at which point we securely destroy it by securely erasing all digital information or if paper, by burning it and/or shredding it.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us at admin@ymt.co.nz, or 027 282 9994, or PO Box 2993, Wakatipu, Queenstown 9371.

The information will be held by us, Guy Carter, William Young and Joel Peasey of Your Mortgage Team Limited, at : Level 1, 311 Hawthorne Drive, Frankton, Queenstown 9300.



Scope of Service and Engagement

The following are areas or advice or product that you are requesting from me, subject to any specific objectives or limitations of our engagement.

Unless noted below, our discussions and my advice will be in relation to mortgages and assisting you in management of you or your family’s financial security in the event of:

	House or business funding (Mortgage)
	Untimely death (Life Insurance)
	Suffering a permanent disability (Total and Permanent Disability Insurance)
	Suffering a serious illness or disability (Trauma Insurance)
	Loss of income through sickness (Mortgage and Income Protection Insurance)
	Requiring hospital or specialist treatment (Health Insurance)
	Other – specify below

Specific limitations of this analysis and/or advice documentation

Other specific objectives, tasks or terms of this engagement



OBJECTIVES

Please tick or complete the below that apply to your situation. This will be reviewed throughout the process.

	Principal and Interest
	Interest Only
	Repayment Frequency (weekly, fortnightly, monthly)
	Loan term – short or long term
	Revolving Credit
	Fixed Rate
	Floating Rate
	Are you a Guarantor for any lending or any type?

OWNERSHIP STRUCTURE

Please tick or complete the below that apply to your situation.

	Personal Names
	Company
	Trust

Client Name : _____ Client Name : _____

Signature : _____ Signature : _____

Date : _____ Date : _____