

## Future changes to circumstances form

You have indicated that you are aware of future changes to your circumstances that may affect your ability to make your contractual loan repayments. Please provide additional information of likely changes to your income or expenditure during the term of your mortgage contract.

Your changes may include:

1. Reduction in income following retirement;
2. Forthcoming redundancy;
3. Loan commitments that will become due during the term of your mortgage contract.

### (1) What Future changes in circumstances are you expecting?

#### Applicant 1

Full-name:

Address:

#### Applicant 2

Full-name:

Address:

	Applicant 1		Applicant 2	
	Yes	No	Yes	No
Will this change result in a temporary (less than 12 months) decrease in disposable income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will there be a permanent decrease (for 12 months or more) in disposable income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any anticipated large expenditure? If so please provide full details including amount, reason for the expenditure and how this will be funded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

**How will you continue to make your mortgage payments?** Please supply full additional information including amount, source including account details and provide documentary evidence to support e.g. bank statements , savings plan details, property details etc. that were not previously provided?

**Applicant 1**

Full-name:

Address:

**Applicant 2**

Full-name:

Address:

	<b>Applicant 1</b>		<b>Applicant 2</b>	
	Yes	No	Yes	No
Secured additional income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced expenditure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sale of assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

**Declaration**

By signing below, I/we confirm and agree that:

- All the information I/we have supplied in this form is true, complete and accurate as of the date of this form; and
- I/we will notify Cynergy Bank within 30 days of any changes in the information provided.

**Signature(s) of applicant(s)**

**Applicant 1**

Signature:

Print Name (in capitals):

**Applicant 2**

Signature:

Print Name (in capitals):

Date:

Date: