



Insurance Premium Loan Request Form

We, _____ (Name of organization)

Of (Church Location): _____

Postal Address: _____ State: _____ Postcode: _____

Request a loan from the Foundation to assist payment of our Insurance premium. We acknowledge the loan is on the Foundation's special Insurance terms and conditions.

Authorised Signature(s) Name

Authorised Signature(s) Name

Contact Name: Phone Number:

Dated / /

Interest is calculated on the daily balance at 5.0% Per Annum charged monthly. The loan is calculated as follows:

Premium Amount:	
Less GST claimed by Stewards	
Loan amount:	
Interest rate 5.0%PA for the period of the loan:	5.00%
Monthly Repayment amount:	
Number of repayments: 12	

It is the borrower's responsibility to have the repayments each month sent to Stewards Foundation of Christian Brethren office at below address or electronically remit the amount. Stewards banks with NAB, BSB: 082 057 A/C No: 03 686 5532
 The Foundation reserves the right to cancel the insurance policy and apply any refund to the outstanding debt in the event that monthly repayments are not made.