



DISCHARGE AUTHORITY

1 To Over Fifty Seniors Equity Rel Level 32, 120 Collins Street, M		Dat	е
Please discharge the mortgage you h	nave over my/our prope	erty at: (Address of pro	operty)
Please hand all deeds and document	ts connected with this p	property to:	Or their nominee
The Loan Account/s connected with Name/s (in full on loan account/s)	this mortgage are:	Loan Account Numb	per/s
Note: If you have a Fixed Rate Loan paid. Please ask us for an indicative before making any commitment that deciding to release your security properties ignificantly over time. This may have provide the final figures prior to any particular to any particular to the provide the final figures prior to any particular to the provide the final figures prior to any particular to the provide the final figures prior to any particular to the provide the final figures prior to any particular to the prior	quote by calling our Co would require partial or perty. Please be aware re a significant impact of proposed repayment da	ustomer Service team full repayment of you that the EPA Fee an In the final payout am	on 1300 50 50 50 Ir Loan Account/s or nount can vary
Title Reference Number	· mortgage		
This mortgage is to be discharged On payment of sufficient funds to	o repay my/our total de	bt in regards to the ho	ome loans
3 Refund of Overpayment Where there is money in excess of the to the following bank account/s:	nat required to repay the	e total debt, please cr	edit the excess funds
Name(s) of Account Holder	BSB and	d Account Number	
Note: On settlement, a bank cheque required for the total debt including for overpayments cannot be processed other credit transfers.	ees and charges to disc	harge the mortgage.	Refunds of



4 Reason for Discharge						
Property Sold	ining Control of Colomba.			it and an organizations		
Sale Price	iginal Contract of Sale show Anticipated Settlemen	_	Settlement Location	and any conditions.		
\$	Anticipated Settlemen	it Date	Settlement Location			
Ψ						
Refinance to another Name of Financier/Pro	r Financier/Provider. vider					
	fy)					
5 Post Settlement Conta	act Details					
Residential Address						
Residential Address						
			_			
Postal Address (if differer	nt to residential address)					
1						
Telephone Number		Email	Address			
()						
		-				
6 Name(s) and Signatur		,				
(all parties to sign where	e deeds are in joint name	S)				
Mortgagor/Attorney/Exec	Mortgagor/Attorney/Executor to Sign		Mortgagor/Attorney/Executor to Sign			
			<u>, </u>			
X		X				
SIGNATURE	DD / MM / YY	SI	GNATURE	DD / MM / YY		
7 Checklist						
Please indicate who the D	ischarge Authority is sigr	ned by:				
• Borrower(s)	Attorney(s)		• Exe	cutor(s)		
Note 1: If the Discharge A	authority is signed by the	attorney	s) please attach:			
,	• .	cuments	showing the curren	t residential address and		
signature of the attorner		, aupport	ina documento (rec	vistored at the relevant		
2) Certified copy of the P	all States except Victoria		ing documents (reg	Jistered at the relevant		
Note 2: If the Discharge A		•	(s) please attach:			
Certified copy of photo				t residential address and		
signature of the execu	• •	,				
2) Certified copy of the G		-				
In addition, please note w	re require a minimum of t	ı4 uays	holice to prepare tr	ie discriarge of mortgage		