

Periodic payment/cash reserve form

Loan acc. no.:

Please complete the sections below. If you require assistance please call our Customer Service on **1300 50 50 50**.

1. Your Personal Details (for additional borrowers, photocopy this page and attach to this request)

Borrower 1

Borrower 2

Title Mr Mrs Ms Other _____ Mr Mrs Ms Other _____

Surname _____

Given Names _____

Security Address _____

Telephone

HOME _____

MOBILE _____

Power of Attorney 1

Power of Attorney 2

Title Mr Mrs Ms Other _____ Mr Mrs Ms Other _____

Surname _____

Given Names _____

Telephone

HOME _____

MOBILE _____

2. Periodic payment change

Please select one of the following options; (all periodic payments are credited on the 15th of each month, and a minimum of 7 business days notice is required to process a periodic payment change request).

Stop my monthly periodic payment from:

Start my periodic payment from:

Stop my periodic payment until further notice from:

Reduce my periodic payment (minimum payment is \$400):

\$

Increase my periodic payment to:

\$

Change my nominated account to*:

* Please attach a copy of your latest statement.
Your account must be in the name of all borrowers.

Other (please specify): _____

I/We request Over Fifty Seniors Equity Release Pty Ltd to change my/our Periodic Payment as chosen by me/us in completing the relevant section/s on this Change Request form. **A Periodic Payment Fee of \$35 will be charged to your loan account.**

3. Sign here (all borrowers must sign)

You should read your Terms and Conditions booklet together with your Loan Schedule. By signing this form, I/We authorise Over Fifty Seniors Equity Release Pty Ltd to debit the fees shown at Step 2 to my/our loan account.

Borrower 1 / Attorney (all attorney's must sign)

Borrower 2 / Attorney (all attorney's must sign)

X SIGNATURE DD / MM / YYYY

X SIGNATURE DD / MM / YYYY

OFSER Office Use Only

Available Funds: \$ _____

Date Received: _____ / _____ / _____

Operator Name: _____

PNL Office Use Only

Date Actioned: _____ / _____ / _____

PNL 50F Issued: _____ / _____ / _____

Operator Name: _____