

Loan account no.:

SHERL withdrawal/deposit form

Please complete the sections below. If you require assistance please call our Customer Service on **03 9616 6523**.

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

Borrower 1

Mr Mrs Ms Other _____

Given Name

Security Address

Mobile Number

Borrower 2

Mr Mrs Ms Other _____

Surname

Home Number

Power of Attorney 1

Mr Mrs Ms Other _____

Given Name

Mobile Number

Power of Attorney 2

Mr Mrs Ms Other _____

Surname

Home Number

2. Payment Details Please tick the appropriate action :

Please withdraw \$ from my Seniors Home Equity Release Loan.

Minimum withdrawal is \$2,000.

Your Cash Reserve Withdrawal amount will be credited to your nominated bank account.

Please deposit \$ into my Seniors Home Equity Release Loan.

Please complete the payment particulars in the section below.

Drawer Details	Bank	Branch	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			\$ <input type="text"/>

3. Sign here

I / We authorise Over Fifty Seniors Equity Release Pty Ltd to withdrawal/credit the requested amount from/to our loan.

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

Signature A

Date

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

Signature B

Date

OFSER Office Use Only

Available Funds: \$ _____
Date Recieved: _____/_____/_____
Operator Name: _____

PNL Office Use Only

Date Actioned: _____/_____/_____
PNL 18L/15L issued: _____/_____/_____
Operator Name: _____