over Fifty
seniors equity release

Periodic payment/cash reserve form

Loan account no.:

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

Borrower of Attorney 1
☐ Mr ☐ Mrs ☐ Ms ☐ Other

Given Name

Mobile Number

Borrower of Attorney 2
☐ Mr ☐ Mrs ☐ Ms ☐ Other

Surname

Home Number

2. Periodic payment change

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

☐ Stop my monthly periodic payment from: `DD/MM/YY`

☐ Start my periodic payment from: `DD/MM/YY`

☐ Stop my periodic payment until further notice from: `DD/MM/YY`

☐ Reduce my periodic payment (minimum payement is $400): `$`

☐ Increase my periodic payment to: `$`

☐ Change my nominated account to: `Bank` `Account Name`
Please attach a copy of your statement.
Your account must be in the name of all borrowers. `BSB` `Account No.`

☐ 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)

Signature A

Date `D D M M Y Y`

Borrower of Attorney 2 (all attorney's must

Signature B

Date `D D M M Y Y`