

On completion please forward to your Branch or Business Banker.

Date: / /

Branch Details

Branch/OIC Name:

Branch/OIC Number:

Debtor/Mortgagor Details

Full Name of Debtor(s)/Mortgagor(s):

Mailing Address for Correspondence after Settlement:

Suburb/Town:

State:

Postcode:

Guarantor's Details

Full Name of Guarantor(s):

Security Release Authority

Type of Release: Full Partial Substitution

I/We hereby request the release of the mortgage over my/our property situated at:

1.

2.

3.

4.

Settlement Date: / /

Reason for pay-out: Re-finance Sale Paid in Full Other:

Please specify which loan(s)/Facility(s) are to be paid out or to be reduced

Loan Facility Account Number:

Is to be paid out in full: Yes No If No, specify amount to be paid*: \$

Is to be paid out in full: Yes No If No, specify amount to be paid*: \$

Is to be paid out in full: Yes No If No, specify amount to be paid*: \$

Is to be paid out in full: Yes No If No, specify amount to be paid*: \$

* Sandhurst Trustees will confirm the exact amount required.

Deposit excess funds from proceeds of sale to my/our STL or BBL Account Number as follows (if applicable):

Full details of the Legal Firm/Financial Institution/Agent handling settlement on your behalf:

Name:

Address:

Suburb/Town:

State:

Postcode:

Phone Number(s):

Declaration

I/We:

- Understand that if any error has been made in calculating the settlement amount, that I/we are liable for any amount outstanding.
- Authorise Sandhurst Trustees Limited to provide the Legal Firm/Financial Institution as detailed previously (where applicable), who is my/our authorised representative, with any information they require about the above account/s and to hand loan security documentation to them (or their nominated agent) at settlement.
- Agree that I/we shall not be released from the personal covenants of the security Sandhurst Trustees releases.
- Agree to pay Sandhurst Trustees any Discharge Administration Fee, Valuation Fee, Lenders Mortgage Insurance premium or other fees and charges that may become payable upon the release of security and/or partial/full discharge of my/our loan.

Debtor/Mortgagor's Signature:

Date: / /

Debtor/Mortgagor's Signature:

Date: / /

Debtor/Mortgagor's Signature:

Date: / /

Debtor/Mortgagor's Signature:

Date: / /

Guarantor's Signature:

Date: / /

Guarantor's Signature:

Date: / /

Note: Where the Debtor and Mortgagor are identical, the mortgagor only needs to sign this form. All parties to the loan must sign this Security Release Authority or settlement will NOT proceed.

Office Use Only

Are excess funds from proceeds to be deposited as cleared funds? Yes No N/A

If yes to above, specify account number:

Action taken to retain or gain business and other comments:

Authorisation to Proceed with Release

I hereby approve the release of all Sandhurst Trustees Mortgages registered on the Assets detailed on page 1 of this form subject to the following terms and conditions (Note: The DLA Holder is to ensure all accounts to be paid out/reduced are detailed below):

Customer Number	Ledger	Reduce Credit Limit to \$	Pay Out Debt of \$:	Amount of Principal Reduction \$	Advance Position to be reduced to \$:	Arrears to be paid \$	Discharge Fee \$ Note 1	Val Fee \$	LMI Premium \$	Break Cost \$ Note 2	Early Repay Penalty \$
SUB TOTALS											

Note 3
TOTAL PAYABLE (add together all above sub-totals) \$

- Note 1:** A minimum total Discharge Administration Fee of \$250.00 applies.
- Note 2:** Insert Break Cost if a negotiated cost applies. Otherwise leave blank. Any standard break cost will be added to the Total Payable.
- Note 3:** Depending on the date of settlement, the total amount payable may change due to break costs and penalties and if the pay-out debts or arrears changes.
- Note 4:** Please ensure the nominated settlement date has been confirmed with the customer's Settlement Agent and complies with Release Settlement Unit's 14 day notice requirement.

Other Comments/Instructions:

I confirm my Delegated Lending Authority is sufficient to provide the above approval and also authorise Release Settlements to adjust the Total Payable in accordance with Note 3 above.

Lender's Signature:

ADM No.:

Date: / /

On completion load this form to the Fax Gateway