

Authority to Discharge

This authority is to be completed and signed by all parties to the nominated loan contract(s), including guarantors (if applicable).

To: The Manager, Discharges, Post Settlements, Adelaide Bank
GPO Box 1048, ADELAIDE, SA, 5001

Discharge Type	Explanation
<input type="checkbox"/> Full Discharge discharges@adelaidebank.com.au	No lending against any of the released securities will remain with the Bank.
<input type="checkbox"/> Partial Discharge partials@adelaidebank.com.au	Some lending against remaining related securities will remain with the Bank. This is where there may be two securities attached to the same loan account and you are looking to release one of these securities from the loan. For example: both the owner-occupied property and the investment property is attached to the one loan. You have sold the investment property and wish to release the mortgage to the bank and keep the existing loan. *Copy of Contract of Sale to be provided if applicable with partial discharge

Discharge Reason	Explanation	Minimum Notice Required
Sale	This is when a security property has been sold and loan(s) are to be repaid/reduced. Only the property sold will be released on settlement. For example: you have sold your owner-occupied property and wish to release the mortgage to the Bank.	15 business days
Refinance	This is when you have obtained finance from another Financial Institution and all debt associated with the property(ies) being refinanced will be paid out and closed. Only the property(ies) being refinanced will be released on settlement.	15 business days
Paid in full	This is when you wish to release a security where no sale or refinance is involved, but you wish to discharge the mortgage.	21 business days

Section 1 - Customer / Company Details

Customer/s or Company Name: Account Number/s: e.g. 0033221188 ML01 / YX01

My/Our address (including postcode) for notices after settlement will be:

 Postcode:

Section 2 - Discharge Details

I/We request that you arrange the discharge of the following property(ies):
 Postcode:
 Postcode:

My/Our reason for discharging the property above:

- Sale (**Complete Section 3**) Paid in Full (**Go straight to section 4**)
 Refinance (**Complete Section 3**) Partial Discharge
 Other

If partial discharge was selected, will the full amount from sale, including any deposit funds of the property be used to reduce/pay out loans?

- Yes (**Complete section 3**) No (If a variation to the loan contract is required further assessment and documentation may be required)
***Not applicable for Bridging Finance loans**

Anticipated settlement date:

Section 3 - Settlement Agent/Refinancier Details

I/We authorise Bendigo and Adelaide Bank to provide the Legal Firm/Financial Institution as detailed below, who is my/our authorised representative, with any information they require about my/our Bendigo and Adelaide Bank account/s and to hand loan security documents to them (or their nominated agent) at settlement.

Solicitor/Refinancier Name	Phone number:	Email address:
<input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>

Company and address:

<input type="text"/>	Postcode: <input type="text"/>
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Section 4 - Customer Declaration/Authorisation

IMPORTANT INFORMATION

Please be aware that any linked offset account will be closed with the loan account. Any available balance held within your offset account will be absorbed in the final payout calculation. If you require access to these funds you will need to transfer to an alternative account no later than 3 days prior to settlement as the account funds will no longer be available to access after this date.

I/We

- Understand any available funds held in the associated offset account will be unavailable to be withdrawn 3 business days prior to the discharge of my home loan account. Any funds remaining will be incorporated in the final payout figure.
- Understand that if any error has been made in calculating the settlement amount, that I/We is/are liable for any amount outstanding.
- Agree that I/we shall not be released from the personal covenants of the security Bendigo and Adelaide Bank releases.
- Agree to pay Bendigo and Adelaide Bank any Discharge Administration Fees, Break Costs, Valuation Fee, Lenders Mortgage Insurance premium or any other fees and charges that may become payable upon the release of security and/or partial/full discharge of my/our loan.
- Agree to continue to make all required payments on my/our loan until settlement occurs and understand that overdue repayments may be reported on my/our credit report with Repayment History Information (RHI).

Remaining settlement funds (not required for Partial Discharges)

If a refund of fees/charges is applicable, please deposit funds to the following account:

Account number:	BSB Code:	Account name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note:

This form requires a physical signature, electronic signatures are unable to be accepted.

Customer/Guarantor 1

Name:

Signature: <input type="text"/>	Date (DD/MM/YYYY): <input type="text"/>
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Please tick the applicable box:

- I am the:
- | | |
|---|---|
| <input type="checkbox"/> Account owner | <input type="checkbox"/> Secretary / Sole Secretary |
| <input type="checkbox"/> Director / Sole Director | <input type="checkbox"/> Authorised Signatory |

Customer/Guarantor 2

Name:

Signature: <input type="text"/>	Date (DD/MM/YYYY): <input type="text"/>
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Please tick the applicable box:

- I am the:
- | | |
|---|---|
| <input type="checkbox"/> Account owner | <input type="checkbox"/> Secretary / Sole Secretary |
| <input type="checkbox"/> Director / Sole Director | <input type="checkbox"/> Authorised Signatory |

Customer/Guarantor 3

Name:

Signature: <input type="text"/>	Date (DD/MM/YYYY): <input type="text"/>
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Please tick the applicable box:

- I am the:
- | | |
|---|---|
| <input type="checkbox"/> Account owner | <input type="checkbox"/> Secretary / Sole Secretary |
| <input type="checkbox"/> Director / Sole Director | <input type="checkbox"/> Authorised Signatory |

Customer/Guarantor 4

Name:

Signature: <input type="text"/>	Date (DD/MM/YYYY): <input type="text"/>
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Please tick the applicable box:

- I am the:
- | | |
|---|---|
| <input type="checkbox"/> Account owner | <input type="checkbox"/> Secretary / Sole Secretary |
| <input type="checkbox"/> Director / Sole Director | <input type="checkbox"/> Authorised Signatory |