



## DISCHARGE AUTHORITY

### 1 To Over Fifty Seniors Equity Release Pty Ltd

Level 30 367 Collins St Melbourne VIC 3000

Date

Please discharge the mortgage you have over my/our property at: (Address of property)

Please hand all deeds and documents connected with this property to:

 Or their nominee

The Loan Account/s connected with this mortgage are:

Name/s (in full on loan account/s)

Loan Account Number/s

### 2 Instructions on the Discharge of Mortgage

Title Reference Number

This mortgage is to be discharged

On payment of sufficient funds to repay my/our total debt in regards to the home loans

### 3 Excess funds (not required for Refinances)

Where there is money in excess of that required to repay the total debt, please credit the excess fees to the following bank account/s

Name(s) of Account Holder

BSB and Account Number

### 4 Reason for Discharge

Property Sold  
Please attach original copy of the Contract of Sale

Refinance to another Financier/Provider.  
Please provide Name. \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

**5 Name(s) and Signature(s)**

(all parties to sign where deeds are in joint names)

Mortgagor/Power of Attorney(s)/Executor to Sign

X	SIGNATURE	DD / MM / YY
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X	SIGNATURE	DD / MM / YY
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**6 Checklist**

Please indicate who the Discharge Authority is signed by:

- Borrower(s)
- Attorney(s)
- Executor(s)

**Note:** If the Discharge Authority is signed by the executor(s) please attach;

- 1) A Certified Copy of Identification document showing the address and signature of the executor(s)
- 2) Original Certified Copy of Probate

## **OVER 50 GROUP**

Direct: 1300 50 50 50  
Fax Number: 03 9616 6546

Our Mailing Address:

Centuria Life Limited  
GPO Box 695  
Melbourne Victoria 3001