

KEYSTART DISCHARGE OF MORTGAGE AUTHORITY

To assist us in processing your request in a timely manner, please complete the Discharge Authority in full (as missing details may result in delays) using CAPITAL LETTERS and where appropriate.

If the form is completed electronically, it must be executed as a hard copy (printed off and signed).

- All parties to the loan must sign Section 6 Borrowers Acknowledgement and Authority.
- Any fields that are not applicable should be marked N/A.
- Keystart require a minimum of 10 business days to process a release request.



Please **COMPLETE** and fax **ALL** pages to (08) 9338 3101 or email a scanned copy of the document to discharges@keystart.com.au

Or alternatively, you can mail your request to:

Keystart Loans Ltd
PO Box 6679
EAST PERTH WA 6892

Important Note.

While Keystart will send an automatic acknowledgement to any email received by discharges@keystart.com.au it is your responsibility to contact Keystart if you wish to verify receipt of any documents you have forwarded to Keystart either electronically or by post.

Section 1 – Your Details

Loan Account Number: _____

Borrower (name as per loan account): _____

Daytime phone number(s): _____

Email address: _____

Forwarding address after settlement: _____

Borrower (name as per loan account): _____

Daytime phone number(s): _____

Email address: _____

Forwarding address after settlement: _____

Section 2 – Details of property

Address of Security Property: _____

Section 3 – Details of Settlement Agent/Solicitor acting on my/our behalf:

Section 4 – Reasons for refinance / discharge

PLEASE INDICATE YOUR ANSWER WITH A CROSS 'X' IN THE APPROPRIATE COLUMN AND COMPLETE WRITTEN ANSWERS WHERE REQUIRED.

	YES	NO
Are you refinancing? (if Yes, please provide details of the new lender) Details of bank/financial institution: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you utilising the services of a mortgage broker? (if Yes, please provide their details) Broker/Financial Advisor Name: _____ Broker/Financial Advisor Company: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you paying out the loan with your own funds?	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for Refinancing (Please state the most appropriate)		
Lower Interest Rate (Rate Offered: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Debt Consolidation	<input type="checkbox"/>	<input type="checkbox"/>
Loan Increase for:		
1) Home Improvements	<input type="checkbox"/>	<input type="checkbox"/>
2) Purchase of Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
3) Other	<input type="checkbox"/>	<input type="checkbox"/>
Other Products/Services available:		
1) Offset Account	<input type="checkbox"/>	<input type="checkbox"/>
2) Fixed Interest Rate	<input type="checkbox"/>	<input type="checkbox"/>
3) Reduced Fees	<input type="checkbox"/>	<input type="checkbox"/>
4) Interest only periods	<input type="checkbox"/>	<input type="checkbox"/>
5) Online Banking Facilities	<input type="checkbox"/>	<input type="checkbox"/>
6) Other – please state _____	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing investment property / Land	<input type="checkbox"/>	<input type="checkbox"/>
Business Loan / Lending	<input type="checkbox"/>	<input type="checkbox"/>
Are you paying out the loan with your own funds?	<input type="checkbox"/>	<input type="checkbox"/>
Are you selling your property? Expected settlement date: _____ Expected sale price: \$_____	<input type="checkbox"/>	<input type="checkbox"/>
Will you be purchasing another owner occupied property?	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the standard of service from Keystart? 1 (Poor) – 10 (Excellent)	_____	

Section 5 – Surplus Funds

If funds received are beyond what is required to meet settlement:

- Deposit surplus funds to the account currently nominated for your direct debit.
- Deposit funds to the following account:
Financial Institution: _____
BSB: _____ Account Number: _____
Account Name: _____
- Issue a cheque in one/joint name(s) and forward to the address specified in Section 1. The cheque is to be made payable:
Payee: _____

GENERAL COMMENTS:

Section 6 – Borrowers Acknowledgement and Authority

I/We declare the information given in this form is true and correct and;

- a) Authorise Keystart Loans Limited (Keystart) ABN 27 009 427 034 to discharge the mortgage over my/our property detailed in this authority;
- b) Authorise Keystart to hand all deeds and documents connected with this authority to the Legal Representative or Financial Institution (or their representative) and provide any information or documentation they require about this account and security in order to effect settlement;
- c) Acknowledge and agree that Keystart reserve the right to request further information or the original Discharge of Mortgage Authority if the signatures do not match the sample held on file.
- d) Acknowledge and agree that the cost for Keystart to process and post refund cheques is at least \$10. As a result, I/We agree that if the credit balance is less than \$10, then unless we specifically request otherwise prior to settlement of our discharge, Keystart is authorised and directed to remit the credit balance to be used by Keystart to further its promotion of affordable housing loans;
- e) Acknowledge and agree that any direct debit authority associated with this loan account will be cancelled by Keystart at its discretion.
- f) I/We instruct Keystart to remit any credit balance in our account following clearance of our loan facility and associated charges in accordance with the payment option selected in Section 5.

Full Name(s) of Borrower(s)	Date	Signature(s) of Borrower(s)