

# Account Closure



## To close your Loan Facility please complete this form.

Please use black ink and BLOCK letters.

Facility Name

Facility Number

### Do you have a Prepaid Interest Loan?

If so, please specify the facility number so that facility can be endorsed.

For **company facilities** only: For the ASIC charge to be released a A\$65 Release of Charge Fee (per company registered on the loan) must be paid using one of the following methods:

AUD\$65 debited from your margin loan facility (please ensure sufficient funds are available).

A cheque made payable to "Leveraged Equities" for AUD\$65 is attached with this form.

## Account Details

### 1. There are remaining shares in my facility.

#### Where are the remaining shares to be transferred?

Please select one of the following options. If no selection is made, Leveraged Equities will send any remaining shares out **issuer sponsored**.

Transfer shares out Issuer Sponsored

Transfer shares to another Broker (please complete the Broker details below)

Broker Name

Client Name

HIN

Are there shares held in the name of a third party?

Yes  No

If 'yes' please complete the third party broker details below:

Broker Name	Client Name	HIN

**2. My facility currently has a loan balance remaining.**

**How do you wish to repay your Loan?**

Please select one of the options below:

Debit my/our nominated bank account for the amount required (if you have more than one nominated account, please specify). Please ensure there are sufficient funds available in your account.

BSB    -    Account Number

Redeem the managed funds held in my/our facility (please complete a Managed Fund Redemption form)

I/We will sell shares held in my/our facility (please arrange to sell shares through your Financial Adviser or Stockbroker)

**3. My facility loan balance is nil or in credit.**

**How do you wish to receive your funds?**

Please select one of the following options. If no selection is made, Leveraged Equities will credit your nominated bank account.

Credit my/our nominated account  Credit the following account

Name of Bank or Financial Institution

Account Name

BSB    -

Account Number

Bank Account Holder(s) Signature(s) (Note: not margin lending facility borrower's signatures)

Account Holder 1

Account Holder 2

**Authorised Signatures**

**Please Print Name(s)**

Date   /   /

Date   /   /

**4. Are there remaining managed funds in your facility?**

Yes – Leveraged Equities will notify fund managers of the release of mortgage.  No

**5. Are you a IDPS, WRAP or Master Trust client?**

Yes  No

**If 'yes', do you wish to close this account also?**

Yes – Please name your Master Trust or WRAP provider.

No – Please complete your IDPS, WRAP or Master Trust providers Conversion form and Standard Transfer Form/s (where the borrower signs as the buyer and Leveraged Equities as the seller). These documents must be originals.

### Instalment Plus plan

Once your facility is closed, your Instalment Plus plan will also cease.

If for any reason this form is incomplete we will cancel any Instalment Plus plan which is set up on your facility.

If you have any additional instructions, please specify below:

**In order to continually improve our products and client service, we would appreciate your feedback on your reason(s) for closing your facility:**

- I wish to keep my facility balance below \$20,000
- I am opening a Margin Loan with another provider – name of provider:
- I am seeking another form of financing
- I wish to pursue a different type of investment
- I am purchasing my first home/real estate
- Due to advice from my Financial Adviser
- A fee related issue – please provide details
- A service, sharemarket or product related issue – Please provide details

### Acknowledgements

I/We request that my/our Facility be closed.

I/We acknowledge that I/we have informed any third party security owners to my/our Facility of this request to close.

Borrower 1 / Director 1 / Sole Director

Borrower 2 / Director 2 / Secretary

**Authorised Signatures**

**Please Print Name(s)**

Date  /  /

Date  /  /

**Third party security owner to sign if shares in the name of a third party are currently held in the loan. If you are unsure of these details, please contact our Client Service Team.**

Third Party Security Owner 1

Third Party Security Owner 2

**Authorised Signatures**

**Please Print Name(s)**

Date  /  /

Date  /  /

**Please complete and return to:**

Bank of Queensland Margin Lending  
GPO Box 5388, SYDNEY NSW 2001

Fax: 02 8282 8383

BQ7 10/09

If you require any assistance, please contact our Client Service Team on 1300 78 37 09 or email [boq@marginlending.com](mailto:boq@marginlending.com)