

# Fixed Interest Rate Request

Complete this form using **black ink**, CAPITAL LETTERS and mark [x] in the appropriate boxes.

## 1 Facility Details

Borrower name

Loan account number

## 2 Fixed Interest Rate Details

	Please complete	Notes
Fixed Rate Loan	\$ <input type="text"/>	Minimum \$5,000 and multiples of \$1,000 thereafter
Start date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Must be a business day
Fixed Term Or Expiry Date	<input type="text"/> Years <input type="text"/> Months <input type="text"/> / <input type="text"/> / <input type="text"/>	If you have nominated an expiry date, this must be a business day.
Fixed Rate	<input type="text"/> %	Please contact your Relationship Manager for an indicative quote before signing this form.
Fixed Interest Charge	<input type="checkbox"/> Annual in advance <input type="checkbox"/> Monthly in arrears	
Payment method	<input type="checkbox"/> Direct debit nominated bank account <input type="checkbox"/> Capitalise to the Margin Loan Facility	This option is not available for Investment Funds Multiplier and Investment Loans

## 3 Acknowledgements

By signing this form each Borrower acknowledges:

- Any Fixed Rate Interest amount paid in advance for a prescribed period is not refundable.
- If the Lender agrees to any change to the Fixed Rate Loan including but not limited to the Fixed Term, the Fixed Interest Rate or switching between Annual in Advance and Monthly in Arrears before the end of the Fixed Term, the Lender may impose additional terms and conditions including, without limitation the payment of any Break Cost.
- At the end of the Fixed Term, the Fixed Rate Loan will become subject to the Variable Rate unless a new Fixed Rate Loan is requested and accepted by the Lender prior the end of the Fixed Rate Term.

## 4 Execution

Signature of Borrower

Print full name

Company/Trust: indicate capacity

Director     Sole Director and Secretary     Trustee

Date

 /  / 

Signature of Additional Borrower

Print full name

Company/Trust: indicate capacity

Second Director     Company Secretary     Second Trustee

Date

 /  / 

### Submit this form by:

Mail: Leveraged, GPO BOX 5388, Sydney NSW 2001

Email: [info@leveraged.com.au](mailto:info@leveraged.com.au)

Fax: 02 8282 8383

For any enquiries please contact your Relationship Manager on 1300 307 807

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LE030 (03/16)

Fixed Interest Rate Request dated 17 July 2015