

Fixed Interest Rate Request

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

1 Facility Details

Loan account name	
Loan account number	

2 Fixed Interest Rate Details

	Please complete	Notes
Fixed Rate Loan	\$	Margin loan and Investment Funds Multiplier - Minimum \$20,000 and multiples of \$1,000 thereafter Direct Investment Loan - Minimum \$5,000 and multiples of \$1,000 thereafter
Start date	/ /	Must be a business day
Fixed Term Or Expiry Date	Years Months	If you have nominated an expiry date, this must be a business day.
Fixed Rate	%	Please contact the Customer Service Team for an indicative quote before signing this form.
Fixed Interest Charge	Annual in advance Monthly in arrears	
Payment method	Direct debit nominated bank account Capitalise to the Margin Loan Facility	The second payment option is not available for Investment Funds Multiplier

3 Acknowledgements

By signing this form each Borrower acknowledges:

- Any interest that is paid in advance under a fixed rate loan is not refundable.
- If the Lender agrees to any change requested by the Borrower to a fixed rate loan (such as a change in the fixed term or the fixed interest rate or switching between annual in advance and monthly in arrears payments) before the end of the fixed term, additional costs may be payable by the Borrower including break costs. Before asking for any change, please contact the Customer Service Team for an indicative quote of the applicable costs.
- If the Lender agrees to any change requested by the Borrower to a fixed rate loan (such as a change in the fixed term or the fixed interest rate or switching between annual in advance and monthly in arrears payments) before the end of the fixed term, additional costs may be payable by the Borrower including break costs.

4 Execution

Signature of Borrower	Signature of Additional Borrower	
Print full name	Print full name	
Company/Trust: indicate capacity	Company/Trust: indicate capacity	
Director Sole Director and Secretary Trustee	Second Director Company Secretary Second	
	Truste	
Date	Date	
/ /	/ /	

Submit this form by:

Mail: Leveraged, GPO BOX 5388, Sydney NSW 2001 Email: customerservice@leveraged.com.au

For any enquiries please contact the Customer Service Team on 1300 307 807

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