

Nominate Broker / Financial Adviser

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

- If you are nominating a Broker / Financial Adviser to your Margin Loan or Investment Funds Multiplier Facility, complete sections 1, 2, 3, 4 and 6.
- If you are nominating a Broker to your Direct Investment Loan Facility, complete sections 1, 2, 4 and 6.
- To remove a previously Nominated Broker / Financial Adviser, ensure sections 1, 5 and 6 are completed.

1 Facility Details

Borrower name

Loan account number

2 Nominated Broker

Dealer Group / Broker Firm Name

Company Name (if applicable)

Trading Account Number

Tick this box if you **DO NOT** want the Lender to share personal information about the Loan Account with the Nominated Broker.

3 Financial Adviser (Not available for Direct Investment Loan)

If you are receiving advice regarding your Margin Loan or Investment Funds Multiplier Facility, provide details of your Financial Adviser below.

Financial Adviser Name

Phone Contacts

Email Address

Adviser Type (Please select one)

- Nominated Financial Adviser - This is the person who provides primary advice to you regarding your Loan Account
- Secondary Adviser - This is the person who you authorise to obtain information regarding your Loan Account

4 Authority

Unless you elect otherwise, the Lender:

- **WILL** share personal information and credit-related personal information with the Nominated Broker and/or Nominated Financial Adviser and the AFSL holder (including their employees and representatives) in this section.
- **WILL NOT** accept instructions from the Nominated Financial Adviser in regard to your Loan Account.

Tick this box if you **DO NOT** want the Lender to share personal information about your Margin Loan with the Nominated Broker and/or Nominated Financial Adviser or the AFSL holder.

5 Revoke Broker / Authorised Authority

Financial Adviser Name

Please note: If you have appointed this Financial Adviser with Authorised Person status, this will also be revoked.

Dealer Group / Broker Firm Name

Company Name (if applicable)

6 Acknowledgement and Execution

- Each Borrower/ Guarantor acknowledges the information provided in this form is true and correct.

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

 / /

Signature of Guarantor

Print full name

Company/Trust: indicate capacity

- Director Sole Director and Secretary
 Trustee

Date

 / /

Signature of Additional Guarantor

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: customerservice@leveraged.com.au

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

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