

# Refinance In 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

**Please Note:** If you do not have an existing Leveraged Margin Loan, please complete the Margin Loan application form.

## 2 Details of the Margin Loan to be Refinanced

Name of Margin Lender

Account Number

Account Name of Existing Margin Loan

Loan Amount (if any) to be Refinanced In \$

## 3 Repayment of Loan Balance (select one option only)

- Full refinance - please note the entire margin lending portfolio will be transferred to the Lender. The HIN will be transferred to the Lender where applicable
- Partial refinance - please indicate the security code, security name and number of units you wish to refinance below

| Security Code/Security Name | Number of Shares/<br>Units | Registered Name |
|-----------------------------|----------------------------|-----------------|
|                             |                            |                 |
|                             |                            |                 |
|                             |                            |                 |
|                             |                            |                 |

## 4 Guarantor Refinance

Please fill in the details below if the refinance of your Margin Loan includes a guarantor.

Guarantor HIN

Name Held on HIN

## Acknowledgement

### Each Borrower and Guarantor:

- Request the margin lender identified in section 2, to provide Leveraged Equities with all information regarding the margin loan to be refinanced.
- Instruct Leveraged Equities to refinance the loan amount (if any).
- Authorise the transfer of HIN or any other Security to Leveraged Equities, its Sponsor or Nominee to be held as part of the Secured Portfolio.

## 6 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

 /  / 

### 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](mailto:customerservice@leveraged.com.au)

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

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[leveraged.com.au](http://leveraged.com.au)

LE019 (08/24)

Refinance In Request dated 30 August 2024