Direct Credit of Dividends and Distributions

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

Can be used for the Ord Minnett Margin Loan Facility.
 Facility Details and Security Owner Details.

Loan Account Name						
Loan Account Number						
Holder Identification Nu	mber (HIN)					
Registered Name of the Security Owner for this I						
2 Investments	(select or	ne option only)				
Apply to existing (he Portfolio; or	olding balance	e greater than zero) and a	ny new CHESS (eligible investments held	d on this HIN as part of the Sec	cured
Only apply to new C	HESS eligible	investments held on this	HIN as part of t	the Secured Portfolio.		
3 Bank Details						
Credit Margin Loan	Facility; or	Pay Nominate	ed Bank Accour	nt (Provide details below	()	
Name of Australian Financial Institution						
Account Name						
BSB		Account Number				
4 Acknowledge	ment an	d Execution				
By signing this form, the	e Security Ow	ner confirms that instructi	ions provided in	sections 2 and 3 will:		
·		ecord with the Share Regi	•	or of the UIN or the Sha	ro Podistry	
 Remain in place until such time new instructions are provided to the Spons Signature Owner 1 (individual) 				Signature Owner 2 (individual)		
Full Name of Security Owner 1				Full Name of Security Owner 2		
Company/Trust: indicate	te capacity			Company/Trust: indicat	te capacity	
Director Sc	ole Director ar	nd Secretary Trustee		Second Director	Company Secretary	Second Trustee
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 02 8282 8251

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