

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 Facility, complete sections 1, 2, 3, 4 and 6.
- To remove a previously Nominated Broker / Financial Adviser, ensure sections 1, 5 and 6 are completed.

1 Facility Details

Loan Account Name	<input type="text"/>
Loan Account Number	<input type="text"/>

2 Nominated Broker

Dealer Group / Broker Firm Name	<input type="text"/>
Company Name (if applicable)	<input type="text"/>
Trading Account Number	<input type="text"/>

☐ 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

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

Financial Adviser Name	<input type="text"/>
Phone Contacts	<input type="text" value="()"/>
Email Address	<input type="text"/>

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	<input type="text"/>
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Please note: If you have appointed this Financial Adviser with Authorised Person status, this will also be revoked.

Dealer Group / Broker Firm Name	<input type="text"/>
Company Name (if applicable)	<input type="text"/>

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 02 8282 8251

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ORD048 (07/24)

Nominate Broker / Financial Adviser dated 31 July 2024