

Authority to Discharge

Borrower Name(s) _____

Loan Number(s): _____

Phone Number: _____ Email Address: _____

On the above mortgage loan account, I/we wish to arrange: a partial discharge a full discharge

I/We request that you arrange discharge of the following property(ies): _____

The remaining security(ies) will be: _____

My/Our address for notices after settlement will be: _____

State _____ Postcode _____

For any applicable refunds, we authorise you to deposit the funds to the following account: _____

Account Name: _____ BSB: _____ Account Number: _____

My/Our settlement agent/solicitor acting on my/our behalf is (if applicable): _____

Name: _____

Contact Name: _____ Phone No. () _____

Email Address: _____ Anticipated Settlement Date / /

Discharge Reason: _____

| | | | |
|---------------------------|---------------|------------------------------|------------------------|
| Sale | Paid in Full | Customer Service | Other - Please specify |
| Refinance | Incoming Bank | | Offered Interest Rate |
| Mortgage Manager Notified | | Mortgage Manager's Signature | |

Authority and Acknowledgement:

I/we authorise the Lender and Program Manager to initiate the discharge of the Mortgaged Property and I/we acknowledge and agree as follows:

- (a) that we will receive from you a payout amount and other information (as applicable) with respect of the Loan Account to discharge the Mortgaged Property; and
- (b) we will pay the Loan Account and applicable fees and charges payable in accordance with the terms of the Loan Agreement and associated Terms and Conditions; and
- (c) should there be any shortfall in the monies payable under paragraph (b) above we undertake to pay that shortfall within 1 Business Day of being notified of the shortfall.
- (d) have completed all sections on this form to avoid any delays.

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IMPORTANT: The discharge must be completed within a maximum time frame of up to 120 calendar days from the date of us receiving your instruction. In the event that the discharge is not completed within the 120-day period, we will cancel the discharge. Once cancelled, we will promptly return the security packet for safekeeping. Returning the security packet for safe custody will incur a custodian fee which will be charged to your loan account. This fee is to cover the costs associated the administrative handling of the security packet.

| Signatures (ALL borrowers must sign) | | | | |
|--------------------------------------|-----------|------|---|---|
| Borrower 1 (Name) | Signature | Date | / | / |
| Borrower 2 (Name) | Signature | Date | / | / |
| Borrower 3 (Name) | Signature | Date | / | / |
| Borrower 4 (Name) | Signature | Date | / | / |

ONCE COMPLETED PLEASE RETURN TO ORIGIN MORTGAGE MANAGEMENT SERVICES:

Email discharges@originmms.com.au **Tel** 1300 767 023 and
Email discharges@axislending.com.au **Tel** 1300 294 700