

Account Closure Request



St. George Bank - A Division of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714

Complete this form if you wish to terminate your margin loan account with us.

(If you wish to transfer your margin loan to another lender, please contact your lender. Submit this form after your refinance is complete.)

Section 1 Borrower's Details

Name of borrower(s) on the Direct Margin Lending Facility

Borrower(s) Client Reference Number

Section 2 Withdrawal of securities (if any)

Please tick (✓) as appropriate

Shares

Convert the remaining shares to issuer sponsored

or

Transfer the remaining stock to the following broker. (To do so, you must instruct your broker or margin lender, who will initiate this transaction.)

Broker name

HIN:

Managed Funds

To redeem your managed funds, please complete and attach a Managed Funds Redemption Form, available on our website directmarginlending.com.au

or

Transfer the managed funds into my/our names.

Section 3 Withdrawal of available funds (if applicable)

Please tick (✓) one of the following two options

Pay to account - give details below

Name of financial institution

Branch name

BSB number

Account number

Account name

OR

Pay via cheque - give details below

Name of payee

Address

Post Code

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Section 4 Repaying your Loan (if applicable)

Please note that any outstanding loan balance (including accrued interest) must be repaid before we can action this request. Please log on to directmarginlending.com.au or call us on 1300 300 128 to confirm this amount.

Please indicate your method of payment to repay your loan:

- Cheque (*Payable to St. George Margin Lending*) to be attached to this form
- Deposit cash into our bank account

Account Name: St. George Bank Margin Lending

BSB: 332 096 **Account Number:** 599 000 006

Reference: You must include your Client Reference Number

- Direct Debit your existing bank account (*if applicable*)
- Complete and attach a Direct Debit Request Form available at directmarginlending.com.au

Section 5 Reason for closure (optional)

Section 6 Authority

I/We confirm that the above details are true and correct.

By signing this form, you also authorise us to close your linked Cash Management Trust account (CMA), if applicable.

Borrower/Trustee 1 Signature

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Date

/ /

Borrower/Trustee 2 Signature

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Date

/ /

Third party security provider's signature 1

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Date

/ /

Third party security provider's signature 2

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Date

/ /

Company Borrower or Company Trustee

In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.

Company Director signature

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Date

/ /

Company Director/Secretary signature (if applicable)

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Date

/ /

Please send the completed form to:

Direct Margin Lending

Reply Paid 1842

Royal Exchange NSW 1225

or fax to 1300 768 894 (International 61 2 9995 8280)