

# Direct Margin Lending Managed Funds Redemption Form



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

Complete this form to redeem managed funds held as security on your Direct Margin Lending facility.

Please note: Redemptions will be forwarded to the fund manager on the same day if received by 11am (Sydney time) Monday to Friday.

Turnaround times for fund redemptions vary depending on the fund manager requirements. This may impact the value of your redemption. For more information, please contact your adviser or fund manager directly.

## Section 1 Borrower Details

Name of borrower(s)  
 \_\_\_\_\_

Client Reference Number  
 \_\_\_\_\_

Contact Number  
 \_\_\_\_\_

Mobile phone number  
 \_\_\_\_\_

## Section 2 Redemption Request

Date of request  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is this a full Redemption of all your managed funds investments? *(Please tick (✓) one)*

Yes

No

## Section 3 Give details of the managed funds to be redeemed

Name	Managed Fund		Investor Number	Redemption Amount	
	OR	APIR Code		(\$)	OR

Attach an additional sheet if there is insufficient space.

## Section 4 Instruction for Redemption proceeds (Subject to available funds)

Please tick (✓) one of the following four options

1. Reduce my/our margin loan balance

2. Transfer into my linked Cash Management Trust Account (CMA) *(if applicable)*

3. Pay into account - *give details below*

Name of financial institution  
 \_\_\_\_\_

Branch name  
 \_\_\_\_\_

BSB number  
 \_\_\_\_\_

Account number  
 \_\_\_\_\_

Account name  
 \_\_\_\_\_

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## Section 4 Instruction for Redemption proceeds (continued)

4. Pay via cheque - *give details below*

Name of payee

\_\_\_\_\_

Address

\_\_\_\_\_

Postcode

\_\_\_\_\_

*Note: If no selection is made for the redemption proceeds, the funds will be used to reduce the loan balance.*

## Section 5 Execution

I/We authorise Direct Margin Lending to action my above request

Borrower/Trustee 1 Signature

**X**

Borrower/Trustee 2 Signature

**X**

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Third party security provider 1 Signature

**X**

Third party security provider 2 Signature

**X**

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 Directory signature

**X**

Company Director/Secretary signature (if applicable)

**X**

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

*If you wish to terminate your facility, please complete and attach the Account Closure Form*

Please send the completed form to:  
Direct Margin Lending  
Reply Paid 1467  
Royal Exchange NSW 1224  
or fax to 1300 768 894  
or International +61 2 9995 8280

Office Use Only