

SHERL withdrawal/deposit form

Loan acc. no.:

Please complete the sections below. If you require assistance please call our Customer Service on **1300 50 50 50**.

1. Your Personal Details (for additional borrowers, photocopy this page and attach to this request)

	Borrower 1	Borrower 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Surname	<input type="text"/>	
Given Names	<input type="text"/>	
Security Address	<input type="text"/>	
Telephone	HOME <input type="text"/>	MOBILE <input type="text"/>

	Power of Attorney 1	Power of Attorney 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other _____
Surname	<input type="text"/>	
Given Names	<input type="text"/>	
Telephone	HOME <input type="text"/>	MOBILE <input type="text"/>

2. Payment details

Please tick the appropriate action:

Please withdraw \$ from my Seniors Home Equity Release Loan.
*Minimum withdrawal is \$2,000.
 Your Cash Reserve Withdrawal amount will be credited to your nominated bank account.*

Please deposit \$ into my Seniors Home Equity Release Loan.
Please complete the payment particulars in the section below.

Drawer Details	Bank	Branch	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			\$ <input type="text"/>

3. Sign here

I/We authorise Over Fifty Seniors Equity Release Pty Ltd to withdrawal/credit the requested amount from/to our loan.

Borrower 1 / Attorney (all attorney's must sign)

SIGNATURE DD / MM / YYYY

Borrower 2 / Attorney (all attorney's must sign)

SIGNATURE DD / MM / YYYY

<p>OFG Office Use Only</p> <p>Available Funds: \$ <input type="text"/></p> <p>Date Received: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Operator Name: <input type="text"/></p>	<p>PNL Office Use Only</p> <p>Date Actioned: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>PNL 18L/15L Issued: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Operator Name: <input type="text"/></p>
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