

Email the completed form to: equity.lending@nab.com.au

Please note that redraw requests must be received before 12 noon (Melbourne time) for same day processing.

Attention

NAB Equity Lending contact name

Facility details

Client name

Facility number

Redraw request details

I/We request National Australia Bank Limited to redraw funds from and pursuant to my/our NAB Equity Builder Facility in accordance with the instructions below. I/we intend to use the advance for the purchase of approved securities, managed funds or for other business and/or investment purposes.

I/we acknowledge that National Australia Bank Limited may refuse the redraw request if:

- The target loan balance is greater than the portfolio security value of the secured property; or
- The amount requested is less than \$2,000; or
- The redraw will cause me/us to exceed my/our target loan balance; or
- The client is an individual and National Australia Bank Limited is not satisfied that the proceeds of the advance will not be used for a Code Purpose (as that expression is defined in the Facility Terms).

Redraw amount

Details of account to be credited

Please indicate the account to be credited:

- Nominated Account for NAB Equity Builder
 Or New Account

New Account Details

Name of financial institution

Name of account

BSB number

Account number

Client confirmation

I/We confirm that the proceeds of the advance will not be used for a Code Purpose (as that expression is defined in the Facility Terms) Yes No

Applicant signatures

I/We consent to companies of the National Australia Bank Group using and disclosing my/our personal information as contemplated in the section titled 'Your personal information and privacy' in the NAB Equity Builder Facility Terms.

I/we acknowledge that I/we have not been given or relied upon any financial advice or recommendation about the Facility (including any specific stock or managed fund investment) from NAB Equity Lending, a division of National Australia Bank Limited.

NAB recommends that you seek independent legal, tax and financial advice on the suitability of the Facility (including a product if relevant) for you.

Individual/Joint

Signature – first applicant

Signature – second applicant

Full name

Full name

Contact number

Date

Contact number

Date

Company applicant*

Executed by
Name of company and ABN

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in accordance with subsection 127 (1) of the Corporations Act by authority of its director(s).

Signature of authorised person

Signature of authorised person

X

X

Full name

Full name

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Office held (Director/Secretary)

Office held (Director/Secretary)

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Contact number

Date

Contact number

Date

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*If the company applicant is a proprietary company with a sole director who is also the sole company secretary, that person states that they sign as both the sole director and the sole company secretary. In all other cases, this application should be signed by two directors or a director and company secretary.