

NAB Margin Loan Managed fund redemption instruction

Email the completed	form to: equity.lending@nab.com.au	Attention NAB Equity Lending contact name				
Facility detai Client/Guarantor name			Facility number			
Redemption	instruction(s)					
I/We request Nation	al Australia Bank Limited and NMS Nominees Pty Ltd	to redeem my/our un	its in the managed	fund(s) detaile	d below.	
I/We acknowledge t buffer position.	hat this request to redeem units may be rejected if re	deeming the units wil	l place my/our Faci	lity in a margir	call or	
APIR code	Name of managed fund				Number of units for redemption	
Please apply the pro	ceeds of this redemption to:					
My/our NAB Equity	Lending Facility					
My/our nominated I	bank account that is currently linked to my NAB Equity Lendir	g Facility (subject to the	capacity of the facility	to release funds	s)	
My/our bank accour	nt (please provide bank account details below)					
Details of account to	be credited					
Name of account			BSB number	Account numb	er	
Important note: the bank account must be held in the borrower's name, and a recent bank statement must be provided for a non-NAB account. and the sole company secretary. In all other cases, this application should be signed by two directors or a director and company secretary.						
Applicant sig	gnatures					
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 Lending Facility Terms.						
Bank Limited (NAB).	nat National Margin Services Pty Ltd ('NMS') and NMS N NMS and Nominees are not Authorised Deposit Taking B does not guarantee the obligations or performance o	Institutions and their	obligations do not r	epresent depo	sits or other	
	nat I/we have not been given or relied upon any finan nd investment) from NAB Equity Lending, a division of N			e Facility (inclu	ding any specific	
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 applica	nt	Signature – second appl	icant			
X		X				
Full name		Full name			·	
Date		Date				
/ /		/ /				
Contact number		Contact number				

Company applicant*					
Executed by Name of company and ABN					
Name of company and Abiv					
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				
Office held (Director/Secretary)	Office held (Director/Secretary)				
Date	Date				
/ /	/ /				
Contact number	Contact number				

^{*} 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.