



# NAB Margin Loan

## Request to change interest rate option

Please complete Application form in full in black or blue pen using CAPITAL LETTERS and  where appropriate.

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

Attention

NAB Equity Lending contact name

### Current Facility details

Client/Facility name

Facility number

Current Facility limit

\$

Current loan type

Amount

\$

\$

### New Facility details

Please note that fixed interest rate loans terminated prior to the expiry date of the loan may be subject to economic costs. Please refer to the NAB Equity Lending Facility Terms for details.

The aggregate value of the loan amounts must equal the current Facility limit. If an increase in the Facility limit is required, please complete the form titled 'Request to increase Facility limit'.

I/We make application to National Australia Bank Limited to change my/our loan type for my/our Facility as follows:

#### Type of loan

##### Fixed interest rate annually in advance

Term of loan

1 year  2 years  3 years  4 years  5 years

\$

##### Fixed interest rate monthly in arrears

Term of loan

1 year  2 years  3 years  4 years  5 years

\$

Variable rate

\$

#### Interest payment

I/we would like interest:

- Debited from a nominated bank account (please provide account details below)
- Debited from a Cash Management Account established as part of this Facility (if applying for a fixed rate loan only)
- Capitalised
  - To variable rate loan
  - To fixed rate loan

#### Details of account to be debited

Name of account

BSB number

Account number

## 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 Privacy Notification in the NAB Equity Lending Facility Terms.

I/we acknowledge that NAB does not provide any financial advice or recommendation about the Facility (including any specific stock or managed fund investment which may be accessed via the Facility).

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

Full name

Date

Contact number

Signature – second applicant

Full name

Date

Contact number

### Company applicant\*

Executed by

Name of company and ABN

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

Signature of authorised person

Full name

Office held (Director/Secretary)

Date

Contact number

Signature of authorised person

Full name

Office held (Director/Secretary)

Date

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.