



# NAB Super Lever Change of name/address advice

Please use blue or black pen and write in BLOCK LETTERS

Send to: NAB Equity Lending  
PO Box 5350  
Melbourne Vic 3001

or

Fax to: 1300 739 923

Attention  
NAB Equity Lending contact name

## Client Details

Client name

ATF

## New details

Please provide an original certified copy of the Deed of Variation to your SMSF trust deed.

I/We request National Australia Bank Limited:

- change my/our record of name/address with respect to my/our NAB Super Lever Facility; and
- pass this information on to persons or bodies where this is necessary to administer my/our NAB Super Lever Facility.

New client name

New address

<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
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## 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 Super Lever Facility Terms.

This form must be signed by the Applicant or their Authorised Representative.

**Director 1 / Sole Director / Trustee 1 / Authorised Representative**

Signature

Full name

Date

Contact number

**Director 2 / Trustee 2 / Authorised Representative**

Signature

Full name

Date

Contact number

Words written in italics have the same meaning as those in clause 67 of the NAB Super Lever Facility Terms.