



NAB Super Lever Request to increase facility limit

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

Facility limit request

Current Facility Limit

Requested amount of increase

Requested new facility limit

Are you providing additional guarantor security to support your request for an increase to your Facility limit? Yes No

If yes, please also complete and submit the form titled 'Security/managed fund transfer instruction'.

Facility limit request

SMSF – Summary of Assets and Liabilities

Assets

Liabilities

Net Assets Available to Pay Benefits

Independent Auditors Report

Please provide a copy of the most recent Independent Auditor's Report of your self managed superannuation fund.

This report must:

- contain the Statement of Financial Position (assets and liabilities)
- be less than 12 months old, and
- be produced by an Authorised SMSF Auditor

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 Lending and/or NAB Super Lever Facility Terms.

I/we acknowledge that I/we have not been given or relied upon any financial advice or recommendation about the Facility/s (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/s (including a product if relevant) for you.

This form must be signed by the Applicant.

Director 1/ Sole Director / Trustee 1

Signature

Full name

Date

Contact number

Director 2/ Trustee 2

Signature

Full name

Date

Contact number