

## Borrower Discharge Request

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

Account Name	Loan Account Number
Discharge Details	
Full Discharge     Partial Discharge	
I/We would like to commence the discharge process to repay the loan account for the property(s) situated at:	
The loan will be repaid by way of:	
Sale of the property(s) – please provide copies of the Contracts of Sale	
Refinance by	
The loan will be paid with cash	
My/our legal representative or new financier's contact details are:	
Contact name	
Contact telephone number	
Contact email: (if preferred, our solicitors can contact your representative directly)	
Acknowledgement and Signatures	
<ul> <li>I/We acknowledge the following conditions:</li> <li>La Trobe Financial are authorised to provide my/our legal representatives or new financier (as detailed in 'Discharge Details') the amount(s) required to payout the loan(s), any personal and credit information required to affect settlement including, but not limited to, to assess my/our creditworthiness, credit standing, and credit history, and issue a Discharge of Mortgage for the property(s) being released by La Trobe Financial and information about my/our loan accounts and securit(ies) held;</li> <li>The monthly loan repayments are due in full until the day discharge is complete;</li> <li>Any 'Cash Access (Redraw) Facility' will be suspended upon La Trobe Financial instructing it's Solicitors;</li> <li>At settlement a Discharge of Mortgage, so far as the land is concerned, will be given but I/we shall not be released from the personal covenants of the Mortgage until an audit of the account is completed. Any necessary adjustments or refunds will be forwarded to my/our nominated bank account held on file;</li> <li>I/we similarly understand that if the audit shows further monies are due I/we shall be asked to pay them;</li> <li>Once La Trobe Financial has instructed it's Solicitor, we will send you a notification with important instructions for your representative or new financier to follow. La Trobe Financial's Solicitor will require at least ten (10) days' notice to book the settlement once instructed.</li> <li>This document, if fully signed, shall remain valid for a period of 120 days from the date of receipt. Upon expiration of this period, a new signed form will need to be submitted.</li> </ul>	
Signature	Signature
Full name	Full name
Date	Date
Signature	Signature
Full name	Full name
Date	Date
Please be advised that La Trobe Financial requires at least thirty (30) days' notice to process this discharge request.	

The notice period commences when La Trobe Financial receives a fully completed and validly executed copy of this form.

## RETURN COMPLETED, SIGNED FORM TO:

Mail: La Trobe Financial GPO Box 2289, Melbourne Victoria 3001 Australia Email: discharges@latrobefinancial.com.au