

## Discharge Authority

Name: \_\_\_\_\_  
Security Property: \_\_\_\_\_  
Loan number: \_\_\_\_\_  
Title Reference: \_\_\_\_\_

You are hereby authorised and requested to advise the amount required to release the above security property together with any additional information that may be necessary to effect settlement.

If not self-acting, the relevant Certificate of Title and Discharge of Mortgage will be handed over at settlement to:

Name of Solicitor Firm/Conveyancer/Incoming Financier/Personal Representative

\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
I anticipate settlement  
to be on or around: \_\_\_\_\_

Please forward the closing loan statement to:

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form MUST be signed by all applicants/borrowers

Signed by:

Signature \_\_\_\_\_  
Signed by (full name) \_\_\_\_\_  
On date: \_\_\_\_\_  
Contact number: \_\_\_\_\_

Signed by:

Signature \_\_\_\_\_  
Signed by (full name) \_\_\_\_\_  
On date: \_\_\_\_\_  
Contact number: \_\_\_\_\_

Signed by:

Signature \_\_\_\_\_  
Signed by (full name) \_\_\_\_\_  
On date: \_\_\_\_\_  
Contact number: \_\_\_\_\_

Please return completed form to:

Mail: Reverse Mortgage Services  
Locked Bag 31002  
Flinders Lane Vic 8009  
Australia

Email: [reversemortgageservicing@nz.firstms.com](mailto:reversemortgageservicing@nz.firstms.com)