# Reverse Mortgage Services

#### Redraw request form

10:	Reverse Mortgage Se	vices Pty Ltd (RIVIS)
Re:	Applicant/borrower:	
	Property:	
	Loan number:	
1. Re	draw request (compl	ete if you would like to draw down funds from your existing redraw facility)
l would	l like to request a redraw (	minimum amount of \$1,000)
fro	om my redraw facility of:	
	on (date):	
Please	pay this sum to the follow	ving bank account:
	Account name:	
	Bank:	
	Branch:	
	Account no:	

I warrant the following statements are true and correct as at the date I signed this form:

- There have been no material changes to the nature of the property
- · The above property is in good general condition and is not in need of any repairs
- There has been no major damage or major alterations to the property in the past 12 months
- · The above property is currently insured by a fire insurance policy and all policy premiums are paid up to date
- · All rates on the above property are paid up to date and there are no other charges on the property
- · I am not in default under any loan agreement with or mortgage to RMS.

#### 2. Declaration

By signing this form, I declare and acknowledge that:

- · There are adequate funds available for redraw
- · All information I have given is true and accurate
- · I have made this request and signed this form voluntarily
- · I have read and understand this form and how it affects my obligations to RMS
- · RMS is relying on the information I have given
- · In considering whether to accept or grant my request, RMS may, in its absolute discretion, require further information from me
- $\cdot$  RMS is under no obligation to accept or grant my request for a redraw from my existing loan
- If signing under Power of Attorney, you are acting within the authority granted and that you have no notice of revocation or suspension (including it being revoked due to the death of the borrower/s).

CAF000295/1013

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#### 3. Signed by

This form MUST be signed by all applicants/borrowers

Signed by:

Signature

Signature

Name (please print)

On date:

Signed by:

Name (please print)

Name (please print)

On date:

Please return completed form to:

Mail: Reverse Mortgage Services

Locked Bag 31002 Flinders Lane Vic 8009

Email: reversemortgageservicing@nz.firstms.com

On date:

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