Request to release security property



Borrower/Guarantor o	letails (All to complete				
▼ All Borrowers/Guarantors to com	plete				
Member no.	Full name	Full name			
Member no.	Full name				Borrower Guarantor
Member no.	Full name	Full name			Borrower Guarantor
Member no.	Full name	Full name			Borrower Guarantor
Contact Name	Phone		Email		
Address of properties	to be released (Al	o complete)			
V					
Address	ress			te	Postcode
Address	ddress			te	Postcode
Address			Stat	te	Postcode
Address			Stat	te	Postcode
Partial property release (complete Substituting property (complete se Loan has been repaid (complete se Section A - Nominate Company name	ections C, D)	etails (Solicitor/Conveyan		nancial Institution/Agent)	
Address				te	Postcode
Email				ne	
Settlement location					
Section B – Settlemen	t details				
Please indicate to which loan acco	ount/s to which proceeds	e to be credited(linked to pro	opertie	es to be discharged)	
Account no.	To be pa	d out in full? Yes No	▶ Red	luce balance to \$	
Account no.	To be pa	d out in full? Yes No	▶ Red	luce balance to \$	
Account no.	To be pa	d out in full? Yes No	▶ Red	luce balance to \$	
Would you like Teachers Mutual E		oceeds at settlement?			s

Section C – Substitution de	tails				
Please provide details of the new prope	rty to be offered as secu	ırity			
Address				State	Postcode
Fitle identifier		Curre	nt estimated market valu	e or purchase price \$	
Section D – Valuation deta	ils				
Please provide property access details in	n case we need to unde	rtake a valuati	on of the property		
Contact Name	Contact no				
Please debit valuation fee from Membe	er no.		S		
) (
Section E – Loan has been	repaid (settlement	not required)			
▼ Vould you like Teachers Mutual Bank Lir	mited to register the disc	charge of the	mortaage on vour be	half?	
Yes ▶ Please debit fees from Membe			s		
No ▶ Complete below section					
would like to lodge the discharge on m	ny own behalf. Please se	nd the docum	nents by registered po	ost to:	
My/our nominated representative in	section C; or				
Address ▶				State	Postcode
Please sign below					
/we authorise and request Teachers M	utual Bank Limited to:				
clear or reduce my/our loans as requ					
prepare and release all necessary do add any processing fees and if applic					
add any processing fees and if applic accordance with the terms and condi			nent/part repayment (or a fixed loan) to m	y payout figure in
place a hold on the loan(s) being pai			r withdrawals (includir	ng redraw) 5 days pr	ior to settlement; and
cancel all facilities linked to the loan		lity).			
ll parties to the loan(s) and all Guarant ·	<u> </u>				
you are signing as an Executor or und					
signing as a Guarantor I/we consent to	the discharge or other	rearranging of	of security as requeste	ed.	
Signature	Date		Signature		Date
Signature	Date		Signature		Date
- U -	11 - 3.00		1 - 71		11 =

Returning this form			
	Teachers Mutual Bank, PO Box 8385 Parramatta NSW 2150		
FAX	(02) 9704 8200		
@	security.variation@tmbank.com.au		