

Reduce Advance Repayments (Capitalisation)

Please allow 5 busine	ess days for this reques	t to be processed.	
Date Loan account number		number	
1 1			
Borrower(s) deta	ils		
Name (1)		Phone (H)	Phone (W)
Name (2)		Phone (H)	Phone (W)
Name (3)		Phone (H)	Phone (W)
Name (4)		Phone (H)	Phone (W)
Request from Bo	orrower All borrowers	s to sign	
I request to clear	all advance repayments	s on my Home Loan. By making this r	equest I accept that I will not be able to redraw
these funds in th	e future.		
OR			
☐ I request to clear	\$	from the advance repayments	on my Home Loan. By making this request
I accept that I wi	ll not be able to redraw t	hese funds in the future.	
OR			
☐ I request to clear	advance repayments or	n my Home Loan so that my monthly	repayment amount is reduced to
\$	By making	this request I accept that I will not b	e able to redraw the advanced repayments.

Privacy Statement

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <a href="style="style-type: style-type: sty

Request from Borrower All borrowers to sign		
Name of Borrower	Signature	Date
	X	1 1
	/	
Name of Borrower	Signature	Date
	 X	
Name of Borrower	Signature	Date
	[」]	/ /
Name of Borrower	Signature	Date
	X	1 1
Name of Borrower	Signature	Date
	X	1 1
Name of Borrower	Signature	Date
	X	1 1
Name of Company Borrower (Residential Loans Only)		
Signature authorised person	Signature authorised person	Date
×	X	1 1
Bank Use Only		
Branch name	Employee Name and No.	

Once the form is fully completed and signed:

 $\textbf{Email:} \ \underline{loansadministration@stgeorge.com.au}; \ or$

Post: Loans Administration, Locked Bag 1, Kogarah NSW 1485

Branch: Hand in at any St.George branch.