## **Authority to Discharge**

This authority is to be completed and signed by all parties to the nominated loan contract(s), including guarantors (if applicable).

**To:** The Manager, Discharges, Post Settlements, Adelaide Bank GPO Box 1048, ADELAIDE, SA, 5001

Discharge Type	Explanation	
Full Discharge	No lending against any of the released securities will remain with the Bank.	
discharges@adelaidebank.com.au		
Partial Discharge	Some lending against remaining related securities will remain with the Bank.	
partials@adelaidebank.com.au	This is where there may be two securities attached to the same loan account and you are looking to release one of these securities from the loan.	
	For example: both the owner-occupied property and the investment property is attached to the one loan. You have sold the investment property and wish to release the mortgage to the bank and keep the existing loan.	
	*Copy of Contract of Sale to be provided if applicable with partial discharge	

Discharge Reason	Explanation	Minimum Notice Required
Sale	This is when a security property has been sold and loan(s) are to be repaid/reduced. Only the property sold will be released on settlement.	15 business days
	For example: you have sold your owner-occupied property and wish to release the mortgage to the Bank.	
Refinance	This is when you have obtained finance from another Financial Institution and all debt associated with the property(ies) being refinanced will be paid out and closed. Only the property(ies) being refinanced will be released on settlement.	15 business days
Paid in full	This is when you wish to release a security where no sale or refinance is involved, but you wish to discharge the mortgage.	21 business days

Section 1 - Customer / Com Customer/s or Company Name:	Account Number/s: e.g. 0033221188 ML01 / YX01		
, , ,	·		
My/Our address (including postcode) for n	otices after settlement will be:		
		Postcode:	
Section 2 - Discharge Details	5		
I/We request that you arrange the discharge	ge of the following property(ies):		
		Postcode:	
		Postcode:	
My/Our reason for discharging the proper	rty above:		
Sale (Complete Section 3)	Paid in Full (Go straight to section 4)		
Refinance (Complete Section 3)	Partial Discharge		
Other			
If partial discharge was selected, will the	full amount from sale, including any deposit funds of	the property be used to reduce/pay out loans?	
Yes (Complete section 3)	No (If a variation to the loan contract is required further assessment and documentation may be *Not applicable for Bridging Finance loans		

Anticipated settlement date:

## **Section 3 - Settlement Agent/Refinancier Details**

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,	,	ncial Institution as detailed below, who is k account/s and to hand loan security d	37
Solicitor/Refinancier Name	Phone number:	Email address:	
	( )		
Company and address:			
			Postcode:
<b>Section 4 - Customer De</b>	claration/Authorisation		
Please be aware that any linked of absorbed in the final payout calcula prior to settlement as the account for a lower transfer of the settlement as the account for the settlement for the settleme	tion. If you require access to these funds will no longer be available to a held in the associated offset account dis remaining will be incorporated in the laide Bank any Discharge Administration hat may become payable upon the results.	loan account. Any available balance he funds you will need to transfer to an all access after this date.  Twill be unavailable to be withdrawn 3 b	ternative account no later than 3 day usiness days prior to the discharge of enders Mortgage Insurance premium
contract and understand that o	verdue repayments may be reported equired for Partial Discharges) cable, please deposit funds to the fo	until settlement occurs in accordance of on my/our credit report with Repayme ollowing account:	
Please note: This form requires a physical signat  Customer/Guarantor 1  Name:	ure, electronic signatures are unabl	c to be accepted.  Customer/Guarantor 2  Name:	
Cignoturo	D-t- (DD (MM (MA))	Cignatura	D=t= (DD (MM (\)\)\).
Signature:	Date (DD/MM/YYY):	Signature:	Date (DD/MM/YYY):
	, ,		7 7
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Please tick the applicable box:		Please tick the applicable box:	
I am the:		I am the:	
Account owner	Secretary / Sole Secretary	Account owner	Secretary / Sole Secretary
Director / Sole Director	Authorised Signatory	Director / Sole Director	Authorised Signatory
Customer/Guarantor 3		Customer/Guarantor 4	
Name:		Name:	
Cidnatura	D (DD (MM 0000)	Cignotura	D (DD (MM 0000)
Signature:	Date (DD/MM/YYY):	Signature:	Date (DD/MM/YYY):
	/ /		/ /
Please tick the applicable box:		Please tick the applicable box:	
I am the:		I am the:	
Account owner	Secretary / Sole Secretary	Account owner	Secretary / Sole Secretary
Director / Sole Director	Authorised Signatory	Director / Sole Director	Authorised Signatory