



Account Closure Request

Suncorp Metway Limited ABN 66 010 831 722. AFSL 229882.

If you have any questions please contact our Account Management Team on 1800 805 972 Intl 612 9236 3471, between 8am – 6pm (AEST) Monday to Friday

Complete this form if you wish to terminate your margin loan account with us. (If you wish to transfer your margin loan to another lender, please contact your lender. Submit this form after your refinance is complete).

Section 1 – Borrower Details

Client Reference Number

Name of Borrower(s) on the Suncorp Margin Lending Facility

Section 2 – Withdrawal of Securities

Please tick as appropriate.

Shares

Convert the remaining shares to issuer sponsored

OR

Transfer the remaining stock to the following broker. (To do so, you must instruct your broker or margin lender, who will initiate this transaction).

Broker Name

HIN

Managed Funds

To redeem your managed funds, please complete and attach a Managed Funds Redemption Form, available on our website suncorpmarginlending.com.au

OR

Transfer the managed funds into my/our name/s.

Section 3 – Withdrawal of available funds (if applicable)

Please tick one of the following options.

Pay to Account – complete details below

Name of Financial Institution

Branch Name

BSB Number

Account Number

Account Name

OR

Pay via Cheque – complete details below

Name of Payee

Address

Postcode

Section 4 – Repaying your loan (if applicable)

Please note that any outstanding loan balance (including accrued interest) must be repaid before we can action this request. Please log on to suncorpmarginlending.com.au or call us on 1800 805 972 to confirm this amount.

Please indicate your method of payment to repay your loan:

Cheque (payable to Suncorp Margin Lending) to be attached to this form

Direct Debit your existing bank account (if applicable)

Complete and attach a Direct Debit Request Form available at suncorpmarginlending.com.au

Deposit cash into our bank account

Account Name: Suncorp Margin Lending

BSB: 484-799 **Account Number:** 041556391

Reference: You must include your Client Reference Number

Section 5 – Reason for Closure (optional)

Section 6 – Declaration and Authority

I/we confirm that the above details are true and correct.

By signing this form, you also authorise us to close your linked Cash Management Trust Account (CMA), if applicable.

Borrower/Trustee 1

Full Name

Signature

Date / /

Borrower/Trustee 2

Full Name

Signature

Date / /

Third Party Security Provider 1

Full Name

Signature

Date / /

Third Party Security Provider 2

Full Name

Signature

Date / /

Company Director

In all cases, either two directors, one director and one secretary or the sole director/secretary must sign.

Full Name

Signature

Date / /

Company Director/Secretary (if applicable)

Full Name

Signature

Date / /

**Please send the completed form to:
Suncorp Margin Lending PO Box R1877, Royal Exchange NSW 1225
Or FAX to 1300 305 499.**