

Nominate Broker / Financial Adviser

Complete this form using **black ink**, CAPITAL LETTERS and mark [x] in the appropriate boxes.

- If you are nominating a Broker / Financial Adviser to your Margin Loan or Investment Funds Multiplier Facility, complete sections 1, 2, 3, 4 and 6.
- If you are nominating a Broker to your Direct Investment Loan Facility, complete sections 1, 2, 4 and 6.
- To remove a previously Nominated Broker / Financial Adviser, ensure sections 1, 5 and 6 are completed.

1 Facility Dataila			
1 Facility Details			
Borrower name			
Loan account number			
2 Nominated Broker			
Dealer Group / Broker Firm Name			
Company Name (if applicable)			
Trading Account Number			
Tick this box if you DO NOT war	nt the Lender to share personal information ak	out the Loan Account with the Nominated Broker.	
	,		
3 Financial Adviser (N	ot available for Direct Invest	ment Loan)	
If you are receiving advice regarding	ng your Margin Loan or Investment Funds Mu	Itiplier Facility, provide details of your Financial Adviser below.	
Financial Adviser Name			
Phone Contacts	()		
Email Address			
Adviser Type (Please select one)			
Nominated Financial Adviser - This is the person who provides primary advice to you regarding your Loan Account			
Secondary Adviser - This is the person who you authorise to obtain information regarding your Loan Account			
4 Authority			
Unless you elect otherwise, the Ler	nder:		
• WILL share personal information with the Nominated Financial Adviser and the AFSL holder (including their employees and representatives) in this section.			
WILL not accept instructions from the Nominated Financial Adviser in regard to your Loan Account.			
Tick this box if you DO NOT want the Lender to share personal information about the Loan Account with the Financial Adviser or the AFSL holder.			
5 Revoke Broker / Authorised Authority			
Financial Adviser Name			
Please note: If you have appointed this Financial Adviser with Authorised Person status, this will also be revoked.			
Dealer Group / Broker Firm Name			
Company Name (if applicable)			

Nominate Broker / Financial Adviser dated 06 October 2021

6 Acknowledgement and Execution

· Each Borrower/ Guarantor acknowledges the information provided in this form is true and correct.

Signature of Borrower	Signature of Additional Borrower
Print full name	Print full name
Company/Trust: indicate capacity	Company/Trust: indicate capacity
Director Sole Director and Secretary	Second Director Company Secretary
Trustee	Second Trustee
Date	Date
/ /	/ /
Signature of Guarantor	Signature of Additional Guarantor
organization duranten	orginature of Additional additional
Print full name	Print full name
Company/Trust: indicate capacity	Company/Trust: indicate capacity
Director Sole Director and Secretary	Second Director Company Secretary
Trustee	Second Trustee
Date	Date
	/ /

Submit this form by:

Mail: Leveraged, GPO BOX 5388, Sydney NSW 2001

Email: customerservice@leveraged.com.au

For any enquiries please contact the Customer Service Team on 1300 307 807





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