Loan limit rebalance request form

To: Loans administration

Email: loans@firstmac.com.au OR Facsimile: 07 3002 8400 OR

Post: P.O. Box 7001, Riverside, Brisbane QLD 4000

Section	1: Loan	Limit rebala	nce request
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I/We request Firstmac to vary the limits on my/our loans as follows:

1. Increase the limit on my/our:

Loan account number	For amount of	New limit requested	
	\$	\$	Please ensure the balance remains the same.
	\$	\$	
	\$	\$	

2. Decrease the limit on my/our:

Loan account number	For amount of	New limit requested	
	\$	\$	Please ensure the balance remains the same.
	\$	\$	
	\$	\$	

Section 2: Acknowledgement				
I/We understand that I/we are entitled for four FREE split adjustments per annum.				
Note: All borrowers must sign.				
Full name of borrower 1:	_ Signature of borrower 1:	_ Date: / /		
Full name of borrower 2:	_ Signature of borrower 2:	_ Date: / /		
Full name of borrower 3:	_ Signature of borrower 3:	_ Date: / /		
Full name of borrower 4:	_ Signature of borrower 4:	_ Date: / /		

Office use only			
Broker contact name	Broker contact details		