

Discharge Authority

Name: _____
Security Property: _____
Loan number: _____
Title Reference: _____

You are hereby authorised and requested to advise the amount required to release the above security property together with any additional information that may be necessary to effect settlement.

If not self-acting, the relevant Certificate of Title and Discharge of Mortgage will be handed over at settlement to:

Name of Solicitor Firm/Conveyancer/Incoming Financier/Personal Representative

Phone: _____
Fax: _____
I anticipate settlement
to be on or around: _____

Please forward the closing loan statement to:

Postal Address: _____

This form MUST be signed by all applicants/borrowers

Signed by:

Signature _____
Signed by (full name) _____
On date: _____
Contact number: _____

Signed by:

Signature _____
Signed by (full name) _____
On date: _____
Contact number: _____

Signed by:

Signature _____
Signed by (full name) _____
On date: _____
Contact number: _____

Please return completed form to:

Mail: Reverse Mortgage Services
Locked Bag 31002
Flinders Lane Vic 8009
Australia

Email: reversemortgageservicing@firsttitle.co.nz