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FreeCall 1800 172 054
Q-Phone 1300 360 620
Web www.qldprofcu.com.au**POSTAL ADDRESS**PO Box 12140
George Street Q 4003Fax
Accounts (07) 3221 4631
Loans (07) 3114 5095
Email contact@qldprofcu.com.au

Queensland

PROFESSIONAL CREDIT UNION Ltd

ABN 81 087 651 045

LOAN ACCOUNT REDRAW REQUEST

Date: _____

The Manager
Queensland Professional Credit Union Ltd
PO Box 12140
George Street Qld 4003

Dear Sir

Re: LOAN CONTRACT NO. _____ **MEMBER NO.** _____

Please accept this request to withdraw funds in advance of the required repayments in accordance with the terms and conditions of my/our current mortgage loan contact.

I/we request and authorise you to transfer to my/our Queensland Professional Credit Union Savings Account Number _____ the amount of \$_____.

I/we authorise you to debit my/our S1 Savings Account with the \$10.00 redraw access fee.

I/we understand that this request is subject to approval by the Credit Union, at its absolute discretion, and the Credit Union shall not incur any liability through any refusal or omission to effect the transfer.

Dated at _____ this _____ day of _____ year _____

MORTGAGOR/DEBTOR_____
MORTGAGOR_____
GUARANTOR_____
WITNESS_____
WITNESS_____
WITNESS**OFFICE USE ONLY****LOAN DETAILS**

Original Amount Approved: \$_____ Original Term: _____ months Current Interest Rate: _____ % p.a.

Repayment Amount: \$_____ Remaining Term: _____ months

Outstanding Balance: \$_____ Amount in Advance: \$_____

RECOMMENDATION/APPROVAL STATEMENT

The request has been signed by all Borrowers/Guarantors/Mortgagors _____ (verified)

The requested amount of \$_____ has been verified and availability for withdrawal is recommended.

Upon withdrawal of this amount the outstanding balance will not exceed \$_____

This amount will be repaid over the next _____ months of a rate of \$_____ per month based on the current interest rate of _____%.

 Variation Agreement Only for Loans Written Prior to 01/11/91

Letter/Notice to Member Sent _____

Letter/Notice to Guarantor Sent _____

Letter/Notice to Mortgagor Sent _____

Requested By _____

Approved Loans Manager _____

Loans Department Fax Number: 07 3114 5095