



Discharge Authority Letter of Instruction – Discharges

Please submit this form at least 15 business days before your settlement date.

For help completing this form and for all enquiries relating to fees and charges please visit nab.com.au or call us on 1300 552 688.

Once completed, please submit this form via email to discharge.authority@nab.com.au.

We will contact you or your agent to progress your request.

Please help me...

	Tick	Sections to complete
I have sold my property.....	<input type="checkbox"/>	1, 2, 3, 4, 5
I want to access the purchaser's deposit funds (section 27, VIC only).....	<input type="checkbox"/>	1, 2, 3, 4, 5
I am refinancing my loan from NAB to another finance provider.....	<input type="checkbox"/>	1, 2, 3, 4, 5
I want NAB to release one or more titles.....	<input type="checkbox"/>	1, 2, 3, 5
I want NAB to release the family guarantee on my loan.....	<input type="checkbox"/>	1, 2, 3, 5
I have sold my property and purchased another and they are settling on the same day.....	<input type="checkbox"/>	1, 2, 3, 4, 5

1. Customer contact details are...

Name Telephone

Email

Address

2. Property and security details...

Preferred Settlement Date / /

Address of Property 1 Sold* Purchased*

\$

Address of Property 2 Sold* Purchased*

\$

If releasing one or more titles, please complete the following:

Branch for collection of title Title details

* Please include contract of sale

3. Account numbers and instructions...

BSB	Account Number	Payout & close	Retain	Debit Fees ¹	Apply surplus/shortfall ²	Reduce limit to
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>

IMPORTANT

- Any home loan that you payout and close will no longer have an offset account. Please contact NAB on 13 13 12 if you wish to update the 100% offset arrangement to another eligible NAB home loan that you retain.
- Please nominate the account from which you wish all fees to be debited.
- Please nominate the account you wish the surplus/shortfall to be applied to.

I wish to payout and close my entire Portfolio Facility

If the account for surplus funds is a non-NAB account please also provide the names of the account owners

4. I am represented by...

I am acting on my own behalf [now go to 5](#)

I am represented by my solicitor, conveyancer, broker or appointed representative

Name of Organisation

Contact Name

Contact Number

Fax Number

Email Address

If refinancing please complete the below:

Name of other financial institution

Reference number of other financial institution (if known)

5. Authorisation...

I/we:

- authorise National Australia Bank Limited ABN 12 004 044 937 ("NAB") to surrender the above detailed security, to the representatives detailed above, in exchange for the settlement amount requested by NAB;
- authorise NAB to provide the Legal Representative or Financial Institution above (or their legally appointed representatives, if applicable) with any information or documentation they require about this account and security in order to effect settlement;
- authorise NAB to deduct fees and charges, as requested in Section 3, and otherwise authorise NAB to deduct such fees and charges from the settlement proceeds;
- agree that, at 06.00 am AEST on the business day before the preferred settlement date, NAB can cancel the right to redraw, the credit limit or any sub account limit for any account which is to be closed and, if specified, any associated portfolio limit.

Customer 1

Full Name

Signature

Date

Customer 2

Full Name

Signature

Date