



**REFINANCE OUT REQUEST**

**To refinance your Macquarie Margin Loan to another lender, please complete this form.**

Please use black ink and BLOCK letters.

**Facility Name**

**Facility Number**

**Contact Phone Number** (  )

**Contact Address**

Address

Suburb/Town  State  Postcode

I/We authorise that my/our Macquarie Margin Loan be refinanced to another lender. I understand that this form must be signed and returned to Macquarie Investment Lending prior to the refinance commencing.

**New Lender**

**Loan Reference Number**

**Contact Point at New Lender**

**Is this a full refinance?**  Yes  No (Partial)

If no, please list the securities and number of units you wish to refinance in the following section:

Security Code	Security Name	Number of Units

**Specific Loan Size to Refinance**

\*

\* If no amount is specified, the debt to be refinanced will be determined by Macquarie based upon the value of the above shares and the overall loan position.

**Please indicate if there is/are Third Party Security Owner/s on your existing loan**

Yes  No

If yes, what name is the Holder Identification Number (HIN) in?

To assist us in the continual improvement of our products and client service, we would appreciate if you would answer the following questions:

**1. I am refinancing out my Macquarie Margin Loan due to:**

- LVR reductions
- I wish to keep my Macquarie Margin Loan balance below \$20,000
- Advice from my Financial Adviser
- Other service, share market or product related issue – please specify:

**2. Using the scale below, rank your experience with Macquarie Investment Lending i.e. client service, product features, stock choice, website etc. (Please circle appropriate number on scale.)**

1	2	3	4	5	6	7	8	9	10
Highly dissatisfied					Highly satisfied				

**3. In your view, are there any ways in which Macquarie Investment Lending could improve its service/product?**

**4. Is there anything Macquarie Investment Lending could do to retain your business?**

**Authorised Signature(s)**

Borrower 1 / Company Director / Sole Director

Borrower 2 / Company Director / Secretary

**Please print name(s)**

Date

Date

**Please complete and return to:**

Macquarie Investment Lending  
Freepost 55997  
PO Box 2006  
Auckland

**Freefax:** 0800 407 197  
**website:** [www.macquarie.co.nz/lending](http://www.macquarie.co.nz/lending)

**If you require any assistance please contact the Account Management Team on 0800 407 198 or email [marginalendingnz@macquarie.com](mailto:marginalendingnz@macquarie.com)**