Redraw request form



TO: Customer Care | customercare@statecustodians.com.au

	r redraws \$20,000 and below, p your redraw request is over \$20,					aw request.
Loan number:				Account:	Date:	
Email	:					
Customer 1 (full name)				Customer 2 (full name)		
Customer 3 (full name)				Customer 4 (full name)		
Tick	appropriate box					
R	equest redraw - \$26 redraw fee will	apply	Priority p	ayment - \$15 administration	fee will apply (total \$4	l incl. redraw fee
Redra	aw request amount: \$					
_ т	se select ONE of the following: ransfer funds to my/our nominated a ransfer funds to the following accou		n file; or			
Acco	unt name:					
BSB:		Account number	r:			
	/ARNING: Please ensure that all paye formation may result in the paymen				nt name, are accurate.	Incorrect
IMF	PORTANT: Interest charges will vary	as a result of any o	changes n	nade to your account balance	e.	
Dec	laration					
Signature (Customer 1)				Signature (Customer 2)		
Name	e in print			Name in print		
Date:				Date:		
Signature (Customer 3)				Signature (Customer 4)		
Name	e in print			Name in print		