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CUSTOMER CARE

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## Conversion Authority for Variable Rate Facilities

Loan ID

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Name of borrowers

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**From (please select):**

- Principal and Interest
- Interest-Only
- Line of Credit
- Line of Credit – Capitalised\*

**Convert to (please select):**

- Principal and Interest
- Interest-Only for \_\_\_\_\_ years (*interest only period*)
- Line of Credit
- Line of Credit – Capitalised\*

\*applicable for loans documented after 22/11/2004 only

**Please change my/our (please select):**

Loan balance  Part of the loan balance  \$\_\_\_\_\_ (amount)

The variable interest rate for the new facility is \_\_\_\_\_ %

I/We acknowledge and agree that:

- (a) A non-refundable Restructure Administration Fee of \$100 may apply to my/our request;
- (b) If the lender approves this request, the lender will notify me/us of the new minimum monthly payments I/we are required to make;
- (c) By selecting an alternative loan product my loan features may change;
- (d) Where I/we have selected an interest only option, during the interest only period, the minimum monthly payments that I/we must make, equals the interest debited to the facility account on the last day of the preceding month. The lender will give me/us at least 20 days notice of the minimum monthly payments I/we must make at the end of that interest only period. They will calculate those payments so that I/we will repay the facility account in full by the final repayment date;
- (e) All other conditions of the loan remain unchanged; and
- (f) The lender may approve or reject this request in its discretion.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

**OFFICIAL USE ONLY**

**Approved by Advantagedge Financial Services Pty Ltd**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)