

# Reverse Mortgage Services Variation Form

To: Reverse Mortgage Services Pty Ltd ("RMS")

Re: Applicant/Borrower: \_\_\_\_\_

Property: \_\_\_\_\_

Loan Number: \_\_\_\_\_

## 1. Fix Existing Balance Request

**Yes - I wish to fix an existing balance.**

Please provide details of the account balance that you would like fixed:

Account	Fix Balance	Amount to Fix Enter a \$ amount	Fix term for 5, 10, 15, 20 years or Lifetime
Lump Sum Variable	[Yes] [No]	\$ _____	_____
Flexible Drawdown	[Yes] [No]	\$ _____	_____
Monthly Income	[Yes] [No]	\$ _____	_____

Please provide any further instructions with regard to the fixing of these accounts

## 2. Loan Increase Request

**Yes - I wish to increase the amount of my borrowing**

Please provide details of the amount of further funds you would like to draw and in what form you would like to draw these funds:

Account	Do you require further funds?	Amounts required Enter a \$ amount or 'Maximum Allowed'	Fixed term 5, 10, 15, 20 years or Lifetime	Monthly Income term 5, 10, 15, 20 years or 5, 10, 15, 20 years with 2.5% increasing
Lump Sum Variable	[Yes] [No]	\$ _____	n/a	n/a
Lump Sum Fixed	[Yes] [No]	\$ _____	_____	n/a
Flexible Drawdown	[Yes] [No]	\$ _____	n/a	n/a
Monthly Income Facility	[Yes] [No]	\$ _____	n/a	_____

Please provide any further instructions with regard to the additional funds required

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### 3. Restructure Existing Accounts Request

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**Yes - I wish to restructure my existing accounts.**

Please provide details of the changes you would like to make to your existing accounts:

Account	Detail of changes
Lump Sum Variable	_____
Lump Sum Fixed	_____
Flexible Drawdown	_____
Monthly Income Facility	_____

### 4. Other information

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Please provide details of anything you wish to make RMS aware of. This could include: change of address, change of alternate contact, change of name, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. Signed by

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**This form MUST be signed by all applicants/borrowers**

**Signed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

**On date:** \_\_\_\_\_

**Signed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

**On date:** \_\_\_\_\_

**Signed by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

**On date:** \_\_\_\_\_

Please return completed form to:

**RBS**

**Locked Bag 31002**

**Flinders Lane Vic 8009**

Fax: **1300 72 41 90**

Email: **loans.au@rbs.com**