

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

### CURRENT FINANCE BROKER

Name \_\_\_\_\_

Company name \_\_\_\_\_ Aggregator \_\_\_\_\_

Company address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

### NEW FINANCE BROKER

Name \_\_\_\_\_

Company Name \_\_\_\_\_ Aggregator \_\_\_\_\_

Company Address \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

### DECLARATION

**I understand that my current broker will no longer have access to my information.**

**I understand that my new broker will:**

- give me assistance relating to my loans in the future;
- have access to my loan account and personal information.

This notification confirms my request to change my current broker listed on:

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

**OR**

All my current loan/s to my new broker whose details appear above.

I confirm that I understand the above consequences of my decision to change brokers.

Signature _____	Signature (if joint borrower) _____
Full name _____	Full name _____
Date _____	Date _____

RETURN COMPLETED, SIGNED FORM TO:

Mail: **La Trobe Financial**  
**GPO Box 2289**  
**Melbourne Victoria 3001 Australia**

Email: **commissions@latrobefinancial.com.au**

### Office use only

Check that broker accredited with La Trobe Financial Yes  No

Date changed \_\_\_\_\_ Signed \_\_\_\_\_