

This form is only required when the loan pool is not being insured under an existing Evergreen QBE LMI Master Policy, and a new LMI Policy is required. You should complete this form and return to us as part of your decision to accept the quotation that has been provided. All dates are to be completed as day/month/year.

General information

Primary Customer Contact: _____ Phone: () Email: _____

Alternate Customer Contact: _____ Phone: () Email: _____

Solicitors to be used

Name: _____

Phone: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Primary Contact: _____ Phone: () Email: _____

Alternate Contact: _____ Phone: () Email: _____

Parties to the transaction

Bank / ADI / The Insured: _____ ABN: _____

Trustee(s): _____ ABN: _____

Other _____ ABN: _____

Master agreement

Name of Trust: _____

Name of Trustee: _____

Name of Servicer _____

Name of Mortgage Manager: _____

Transaction completion date: _____

Percentage of Insurance _____

Please specify below any special conditions that you are requesting. If more space is required please attach as a separate document.

Please specify below any other critical issues. If more space is required please attach as a separate document.

Date first drafts required by: _____ *(Please allow at least 3 business days)*

Deliver first drafts to: Customer Solicitor

Do you require a separate legal opinion: Yes No

Do you require an Evergreen agreement: Yes No

Supporting documentation

To assist us in drafting the LMIP please provide a copy of:

- Trust Deed Attached to this form To be forwarded under separate cover later
- Series Trust Deed Attached to this form To be forwarded under separate cover later
- Series Supplement Attached to this form To be forwarded under separate cover later
- Eligibility Criteria Attached to this form To be forwarded under separate cover later

Signed by _____ on behalf of Lender: _____ Date: _____
Print Position Signature of authorised person Date signed