

Mortgage Rate Instruction Form

Account Number <LOAN ACCOUNT NUMBER>

<Customer Name 1>, <Customer Name 2>,

<Customer Name 3>,

<Customer Name 4>,

Contact Number: _____

Tick the box beside either Option 1 or Option 2 and sign as requested to direct us to move your mortgage to a tracker rate mortgage or to tell us you want to leave your mortgage as it has operated until now.

Mortgage Rate Instruction Form:

Tick box below to confirm that I/we wish to remain on our existing Mortgage Rate as set out below.

☐

OPTION 1	Interest Rate*	Estimated repayment**	Monthly
Mortgage Rate Type			
Variable/ Fixed	999.999%	€999,999.99xxxx	

*This is the interest rate that applied on this mortgage BEFORE the application of the interim reduction communicated in this correspondence.

OR

Tick box below to confirm that I/ we wish to move to the Tracker Rate Mortgage as set out below.

☐

OPTION 2	Interest Rate	Estimated Monthly Repayment**	Office Use (Product Description)
Tracker Interest Rate			
Tracker ECB+ 99%	999.999%	€999,999.99xxxx	XXXXXX

**The estimated monthly repayment is calculated on the adjusted balance (where applicable). If you are on a special repayment arrangement on your mortgage, a new full repayment based on the new rate may not become due until the expiry of that arrangement.

I/we have considered the options and have read the "Standard information regarding your mortgage options" on page 11 and the details of my/our options on page 7. I/we understand that I/we have at least one month to consider the content of this letter, including the options offered. If I/we return this form before the expiry of this period, I/we understand that I am/we are waiving that one month period, or whatever time remains of that period, to consider the options above and I/we confirm that I/we have been provided with comparisons of the monthly repayments and the comparisons of the cost of credit for the rates offered.

The Instruction Form must be signed by all parties to the mortgage.

Signed: _____

Signed: _____

Signed: _____

Signed: _____

Date: _____

Please return this form in the pre-paid envelope enclosed

Payment Authorisation and Account Adjustment Instruction Form

Account Number **<LOAN ACCOUNT NUMBER>**
<Customer Name 1>, <Customer Name 2>,
<Customer Name 3>,
<Customer Name 4>,

Contact Number: _____

Complete this form to authorise us to

(1) redress your mortgage account including returning any overpayments made and

(2) pay compensation to you.

Payment Authorisation and Account Adjustment Instruction:

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A: Tick to authorise us to make a redress payment (if any) and a compensation payment to the account below (this is the account from which payments to your mortgage are currently made) and to authorise us to apply any adjustment to your mortgage accounts as part of this redress programme.

IBAN	BIC
<PTSB CUSTOMER CURRENT IBAN>	<PTSB CUSTOMER CUR BIC>

OR

☐

B: Tick to authorise us to make a redress payment (if any) and a compensation payment to the account below and to authorise us to apply any adjustment to your mortgage accounts as part of this redress programme. Please supply relevant bank account details.

IBAN	BIC

BANK NAME _____

ACCOUNT NAME _____

Payment/credit will be processed within approximately seven working days by **permanent tsb** on receipt of this instruction form

The Instruction Form must be signed by all parties to the mortgage.

Signed: _____

Signed: _____

Signed: _____

Signed: _____

Date: _____

Please return this form in the pre-paid envelope enclosed