ACCOUNTANT'S VERIFICATION FORM

Better Choice
Make a Better Choice

TO: Perpetual Trustee Company Limited (ACN 000 001 007)

Date: _____

RESIMAC Limited (ACN 002 997 935) ("Credit Provider")

Credit Manager – Better Choice Home Loans, PO Box 10450, Southport QLD 4215

Dear Sir,

RE: Loan Application for _____ [Insert Borrower/s Name]

I certify that:

1. I am a practising accountant/licensed tax agent and am currently a member of:
   ☐ ICAA ☐ CPA Australia ☐ NIA ☐ Other: _____ ☐ Not Applicable

2. I am the accountant to _____ ("borrower/s") and have acted
   for the borrower/s in that capacity for the previous _____ years, and still act as their current accountant.

3. I am aware of the borrower's declared net profit before tax of $ _____ , and to the best of my knowledge this
   amount is reasonable and accurate.

4. I am not aware of any factors which may affect the borrower's ability to make the repayments or which may cause substantial hardship to
   the borrower/s to make repayments.

5. I confirm that the borrower/s is/are a registered tax payer/s with the Australian Taxation Office.

6. I understand that you are relying on this letter in agreeing to make the loan to the borrower/s. Please be advised that in accordance with
   instruction from the borrower/s, an audit has not been performed in relation to preparing any financial statements for and on behalf of the
   borrower/s. Consequently, we are unable to express any opinion as to the accuracy of the information contained within those reports.

7. Are you receiving a referral fee that might place you in a conflict of interest with regard to the transaction being entered into? ☐ Yes ☐ No

8. Are you independent of this transaction and there is no conflict of interest in regards to this declaration? ☐ Yes ☐ No

9. I wish to provide the following additional information in regards to the applicant(s), income, expenses or financial position – in addition also
   provide comments describing any conflict of interest noted in question 7 or 8:

   _____
   _____
   _____

Yours faithfully,

_____   _____
Full Name of Accountant   Name of Practice

_____   _____
Signature of Accountant   Email Address

_____
Address of Practice