

# Deceased Estate Notification, Indemnity & Authority to Close Account(s)



We appreciate losing a family member is heart breaking and we understand you are dealing with a lot right now, so we have developed this form to make it as simple as possible to settle the estate.

## Important information about completing this form:

Different requirements apply depending on the total of the Deceased's solely held assets with the Bank. If the estate assets held with the Bank:

- **Do not exceed \$50,000:** Complete sections 1,2,3,4 & 5 of this form ensuring sections 4 and 5 are signed by all Executors and/or the closest Next of Kin. Provide certified supporting documents - refer section 6.
- **Exceeds \$50,000:** Complete sections 1, 2, 3 & 4 ensuring section 4 is signed by all Executors and/or the closest Next of Kin and provide certified supporting documents - refer section 6. **Note:** The Bank requires the Grant of Probate or Letters of Administration.

Section 4 relates to Personal Representatives who are either the Executor(s) as named in the Will; or if there is no Will, the deceased's closest Next of Kin. See section 6 for important information if the estate assets are \$15,000 or less.

Please tick (✓) only the relevant boxes throughout this form.

Please return to the Bank, this completed and signed form together with the certified support documents, as detailed in section 6.

## Section 1 - Deceased Member's Details

**Full Name:** \_\_\_\_\_

**Previous Name (if any):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **When the Deceased passed away, he/she was:**

**Date of Death:** \_\_\_\_\_  Single  Married  Domestic Relationship  Widowed

Separated  Divorced

**Residential Address:**

_____	<b>State</b>	<b>Postcode</b>
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a) Did the deceased leave a Will?  Yes  No  Unsure

b) Have the funeral expenses been paid?  Yes  No

c) Are you applying for Probate/Letters of Administration?  Yes  No - If **No**, you must complete section 5 indemnity.

## Section 2 - Deceased's Account details (e.g. deposits, savings, loans, credit cards)

Please complete all known member numbers the deceased holds with the Bank either solely or jointly.

Member Number/s	Name of Joint Account Holder (if applicable)
_____	_____
_____	_____
_____	_____

## Section 3 – Authorisation to Close the Deceased's Account/s and Distribution of Funds

I/We the Personal Representative(s) of the Estate, as detailed in Section 4, by signing this form in Section 4, authorise and request the Bank to:

- (a) **Close all deposit accounts** held solely in the Deceased's name; and
- (b) **Clear any debts** held solely by the Deceased in relation to personal loans, credit cards, overdrawn transaction accounts and the like; and
- (c) **Distribute the balance** of the estate funds as follows:

<input type="checkbox"/> By cheque payable to the <b>Estate of:</b>	_____		
<input type="checkbox"/> AWA Alliance Bank <b>Estate of</b> Account Number:	_____	In name of:	_____
<input type="checkbox"/> AWA Alliance Bank A/c No. (refer <b>Note 1</b> ):	_____	In name of:	_____

**Note 1:** This option is only available if the deceased's total estate assets held with the Bank are \$15,000 or less.

## Section 4 - Personal Representative/s of the Estate: Personal Details, Identification & Privacy Statement

### Personal Representative 1

Type:  Executor  Administrator  Closest Next of Kin\*\*

\*\* Next of Kin Relationship:  Married  Domestic Partner\*  Son/Daughter  Grand Son/Daughter  Parent  Sibling  Other  
Relationship  
\* Domestic Partner Relationship: commenced on: \_\_\_\_\_ Relationship length: \_\_\_\_\_ Number of children of relationship (if applicable): \_\_\_\_\_

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Identification  Certified Copy of ID attached (e.g. Current Australian Drivers Licence or Passport)

### Personal Representative 2

Type:  Executor  Administrator  Closest Next of Kin\*\*

\*\* Next of Kin Relationship:  Married  Domestic Partner\*  Son/Daughter  Grand Son/Daughter  Parent  Sibling  Other  
Relationship  
\* Domestic Partner Relationship: commenced on: \_\_\_\_\_ Relationship length: \_\_\_\_\_ Number of children of relationship (if applicable): \_\_\_\_\_

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

Identification  Certified Copy of ID attached (e.g. Current Australian Drivers Licence or Passport)

### Privacy Statement:

I/We acknowledge that the Bank and its related companies (including subsidiaries) are collecting my/our information in order to deal with a deceased account request. By signing this authority, I/we acknowledge and agree that: (a) The Bank may also use and disclose my/our information for its internal administration and operations; and (b) The Bank may disclose my/our information to credit reporting or debt collecting agencies; its alliance partners, agents, contractors and advisers; and to other parties authorised and/or required by law to collect your information. I/We may request access to my/our information at any of the Bank's branches. Access will be granted in accordance with the Privacy Act 1988 for a fee. If any of my/our information is inaccurate, I/we may request that it be corrected.

For further information on how we manage privacy, please see the Bank's Privacy Disclosure Statement at:  
<https://awaalliancebank.com.au/legals-privacy>

Signature of Representative 1: \_\_\_\_\_ x Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Representative 2: \_\_\_\_\_ x Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Section 5 – Indemnity & Undertaking from Personal Representative(s).

I/We, the Personal Representative(s) of the Estate as detailed in Section 4, by signing this form below, indemnify and covenant to keep indemnified, the Bank, its related bodies corporate, its directors and officers, against any action, proceeding, claim, demand, loss, damage, costs and expenses whatsoever made against the Bank or sustained by the Bank which are directly or indirectly related to payment of the Estate as authorised by me/us in Section 3 without requiring production of the Grant of Probate or Letters of Administration in the Estate and by reason of complying with this request, AND

I/We FURTHER UNDERTAKE, should the necessity arise or should I/we be called upon by the Bank to take out a Grant of Probate or Letters of Administration in the Estate of the deceased, to immediately take the necessary steps to obtain such Grant of Probate or Letters of Administration and cover all costs incidental in obtaining the Grant of Probate or Letters of Administration.

Signature of Representative 1: \_\_\_\_\_ x Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Representative 2: \_\_\_\_\_ x Date Signed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Section 6. Confirmation of Death & Supporting Documentation

Please tick ✓ the relevant boxes below for certified copies of documents you are providing with this form – refer **Note 1**.

**The following certified copies of documents are usually required so that we can determine the closest Next of Kin and/or Executors:**

- Death Certificate – refer **Note 2**
- Will (most recent valid Will), if there is one.
- Identification of all Executors/closest Next of Kin e.g. Current Australian Drivers Licence or Passport.
- Satisfactory evidence of domestic relationship with the Deceased (if applicable).

**For estate assets of \$15,000 or less**, the Bank will pay the estate funds to the closest Next of Kin providing the closest Next of Kin has completed and signed this form in Sections 4 and 5 and where there is a Will, the Executor(s) also completes and signs this form in Sections 4 and 5. Other conditions and requirements may apply prior to the Bank granting the release of the funds.

**The following documents are required if the funeral expenses are to be paid from the Deceased's Account or expenses refunded:**

- Funeral Invoice
- Receipt for payment of Funeral Invoice.

**The following certified copies of documents are usually only required if the Deceased's solely held assets with the Bank exceed \$50,000:**

- Grant of Probate or Letters of Administration
- Registrar's Certificate of Disclosure (required in South Australia only)
- Letter from Public/State Trustee or Solicitor if acting on your behalf.

Depending on the circumstances we reserve our right to request further information and support documentation.

### Note 1:

Original documents may be photocopied at one of our branches and certified as a true and correct copy of the original by Bank Branch Officer. The original documents are then returned to you.

If documents are not original, the Bank requires an original certified copy (certified by an eligible witness).

### Note 2:

For personal deposit and savings accounts held jointly with another party, only the Death Certificate is required. Additional documentation may be required for business accounts.

### Next steps

Attend any of our branches with certified copies of all required supporting documentation. If you bring the original document, we can copy and certify the documents at the Branch.

### OR

Mail this completed and signed form with certified copies of all required supporting documentation to the address listed below.

Further information on Deceased Estates is available online at: <https://awaalliancebank.com.au/help/deceased-estates>

<b>Office Use Only</b>	<b>Date Signed Form received</b>	/	/	<b>Certified documents as ticked in Section 3 attached</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>ADM</b>		<b>Branch</b>	<b>ID of all Personal Representatives verified</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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