

Deceased Customer Notification



Bankwest, a division of Commonwealth Bank of Australia
ABN 48 123 123 124 AFSL/Australian credit licence 234945

We're here to help

If you have recently suffered the loss of a family member or a friend, we are here to help you through this difficult time. If you would like any support with completing this form, please call us on **1300 734 203**.

What you need to know and do

- › This form will be used by the Bank to identify accounts held by our customer.
- › Reimbursement, or payment of the funeral account, can only be paid to the person invoiced on the funeral account, the next-of-kin or the Executor. Please attach or provide us with a copy of the account or receipt.
- › Accounts and cards belonging solely to the deceased have been stopped to prevent further transactions, including existing recurring payments and direct debits. If you have any of these cards, please destroy them.
- › Any credit cards in which the deceased was the primary cardholder will be cancelled. If you're an additional cardholder, your cards will also be cancelled and you'll need to apply for a credit card in your own name. You can do this either in the Branch or over the phone.
- › Attach or provide the Bank with evidence of death (e.g. Death Certificate) and any other relevant documents you may have such as a Will. All copies of documents must be certified. Our Branch staff can certify the documents if you attend the Branch and bring the original document with you. Alternatively you can post these to us once they have been certified by a prescribed person.

Section 1 – Deceased customer details (this helps us match our bank records)

Full name

Provide Bankwest account number(s), if known

Date of birth

Date of death

Address

State

Postcode

Marital status

- Widowed Married Never Married In a de facto relationship Separated Divorced

Section 2 – Your details

Title

- Mr Mrs Miss Ms Other

Daytime phone number

Full name

Your residential address (required in all instances for identification purposes)

State

Postcode

Alternative address or PO Box (if you would rather us send correspondence there)

State

Postcode

Email address

My relationship to the deceased is:

- Spouse (wife/husband) Parent (mother/father) Child (over 18)

- De facto Sibling (brother/sister) Other

- and/or I am the: Executor Administrator Other (please specify)

If the estate's Solicitor/Lawyer/Executor/Administrator contacts the Bank, we will deal with them directly.

Please include their details, if known

Section 3 – Will/Probate details (this helps us decide what documents will be required to finalise the estate's accounts)

Is there a Will?

Yes No Unsure

Has anyone applied (or is intending to apply) for Probate?

Yes No Unsure

If yes, please include their details below if known

Full name

Contact phone number

Residential address

Email

Has anyone applied (or is intending to apply) for Letters of Administration?

Yes No Unsure

If yes, please include their details below if known

Full name

Contact phone number

Residential address

Email

▶ If you answered 'Yes' to any of the questions in this section, when available, please provide us with a certified copy of the original document.

▶ A **Grant of Probate** is a document issued by the Supreme Court that confirms the validity of a Will, and authorises the executor(s) to act. You may need to provide a Grant of Probate depending on the value of the Estate. We'll let you know if you do.

▶ **Letters of Administration** are documents granted by the Supreme Court, giving authority to an administrator to collect and distribute the assets of the estate, in the absence of a valid Will. You may need to provide a Letter of Administration depending on the value of the Estate. We'll let you know if you do.

Section 4 – Your identification (as the deceased estate representative)

If you are not a Bankwest customer, you will need to be identified:

Option 1 ▶ Visit a Bankwest branch.

Option 2 ▶ Complete and return a 'Certified Copies Identification' form.

You will need to provide the original and a copy of acceptable identification documents to a prescribed person who is required to complete the actions as set out in the form. (For more details on acceptable identification documents and prescribed persons, refer to Sections 4 & 5 of the Certified Copies Identification Form).

Option 3 ▶ Attend an Australia Post outlet and complete the Bank@Post identity verification form.

Section 5 – Acknowledgement/signatures

> I/We confirm the information provided in this 'Deceased Customer Notification' form is correct.

> I/We agree to the terms of Privacy and Spam Consent in Section 6.

Signature of representative/executor

Date

Signature of representative/executor

Date

Next steps

Attend any Bankwest Branch with certified copies of all required supporting documentation. If you bring the original document we can certify the documents at the Branch.

OR

Mail this form with certified copies of all required supporting documentation to:

Deceased Estates Support Team

GPO Box E237

Perth WA 6000

Please don't send original documents - certified copies will do.

If you would like any help in completing this form you can call us on **1300 734 203**.

Section 6 - Privacy and Spam Consent to Use Your Information

This Statement explains how Bankwest, Commonwealth Bank of Australia ("CBA") and subsidiaries of CBA ("we" or "us") collect, use and disclose personal information and send communications about products and services.

Personal information is information about, and which identifies an individual (such as name and contact details). Your personal information includes information about who you are and your interactions with us such as transactions on your account. It may also include information about you that is publicly available, for example from public registers or made available through social media. When you give us personal information about another person, you represent that you are authorised to do so and agree to inform that person of the contents of this Statement as it relates to them.

Purposes for which we collect and use personal information

We collect your information because we are required to identify you in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act.

You are not required to provide your Tax File Number. However, if we do not collect your Tax File Number as permitted by the Taxation Administration Act 1953 and the Income Tax Assessment Act 1936, we may be required to withhold amounts from you and remit them to the Australian Taxation Office.

We also collect your personal information to assess and process an application for any product or service that you make or for which you are a signatory, for internal processes including risk management and pricing; to administer our relationship with you; to meet our obligations in relation to external payment systems, Government bodies and funding arrangements; to identify and (unless you tell us not to) tell you about products that may interest you, and to comply with regulatory requirements.

If you use our website or online applications we may collect information about your location or activity (including whether you have accessed third party sites) to customise your experience.

The information we collect about you may also include sensitive information such as information about your health where we collect it to provide you with a specific product or service.

Exchange of personal information

We may exchange personal information about you with: our related bodies corporate, assignees, agents, contractors and external advisers, organisations for verifying your identity, your agents, advisers, referees, executors, administrators, trustees, beneficiaries (if you are a trustee), guardians, attorneys, law enforcement, regulatory and government bodies, anyone who introduces you to us, reward program providers, third parties providing fraud detection services, your franchisor, payment system operators; your and our insurers or prospective insurers and their underwriters, any person we consider necessary to execute your instructions; other organisations for the supply of services and (unless you tell us not to) marketing of products; other persons where this is permitted by law; persons with whom you make a joint application for a product or service with us; participants in a funding scheme; and any financial institution to or from which a payment is made in relation to any account you have or operate.

In some cases, these persons or organisations may disclose your personal information for the purposes of any relationship they have with you or performing functions in relation to you.

Verifying your identity using a credit reporting body (CRB)

In order to verify your identity, we may provide your name, residential address and date of birth to a CRB, which may use that information and corresponding information in credit information files of individuals to prepare and provide an assessment of whether your information matches information on a credit information file held by that CRB. You agree to us requesting an assessment and providing your personal information for such an assessment.

Transfer of personal information overseas

Sometimes it may be necessary to send your information overseas – for example where we outsource functions overseas, send information to related bodies corporate, where we need to complete a transaction on your behalf or where this is required by laws and regulations in Australia or in another country. These countries include New Zealand, United Kingdom and Ireland. See our Privacy Policy for more information.

Marketing

Unless you tell us not to, you consent to us using your personal information (including information collected from others) to advertise or promote products, services, or business or investment opportunities we think may interest you.

You can ask us not to contact you and not to disclose your information to others for that purpose, by calling 13 17 19.

Otherwise, you consent to us contacting you for that purpose, including by:

- contacting you by telephone or writing to you; and
- sending commercial electronic messages to any electronic address which you provide until you withdraw your consent or unsubscribe.

Access to your personal information, contacting us and contacting you

This Statement should be read in conjunction with the Privacy Policy on our website at www.bankwest.com.au or by calling 13 17 19.

You have rights to access your personal information from us, to request us to correct the information, and to make a complaint to us about a breach of your privacy rights in relation to the information. The Privacy Policy includes further information about how you may do this.

Consent

By signing the acknowledgement, you agree to its terms and you consent and agree to us collecting, using, exchanging and transferring overseas, your personal information as described and as set out in our Privacy Policy.

If you do not provide the above consent (other than the marketing consent), we will not be able to provide you with the best products and services that suit your needs.

Deceased Customer Notification Branch Checklist



Bankwest, a division of Commonwealth Bank of Australia
ABN 48 123 123 124 AFSL/Australian credit licence 234945

i Purpose of this Branch Checklist

- > This checklist has been designed to enable **Branch staff** to effectively complete all of the required steps.
- > The process has been streamlined so all staff can take accountability for the process and manage it in an effective manner.
- > It is important to ensure you follow these steps, as failure to do so may have a negative impact on the customer experience.
- > Complete **all** of the applicable actions below.

If you have any questions, please call the Deceased Estates team on **1300 734 203** for assistance.

Bank use only – Branch Checklist

Please obtain from the representative:

Provided

Outstanding

| | | |
|--|--------------------------|--------------------------|
| Any documents, such as the Death Certificate, the Will or Probate, and take a copy and certify the document (return the original). Submit the copy with this form. Alternately, the informant may provide staff with certified copies of the documents. | <input type="checkbox"/> | <input type="checkbox"/> |
| Probate: all estates worth over \$50,000 will require one. | <input type="checkbox"/> | <input type="checkbox"/> |
| A copy of the 'Losing a loved one' brochure to assist them in understanding what we may require to finalise the Estate. | <input type="checkbox"/> | <input type="checkbox"/> |

Please confirm the following:

| 1 | Products/Services | Action Required | Completed |
|---|---|---|---|
| a | Customer Profile | Customer deceased flag added to CIF | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b | Date of Death | Date of Death has been recorded in the system | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| c | Customer Identified | Customer fully identified in the system | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| d | Customer's Signature | Customer's signature has been checked and verified | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| e | Cards stopped | All cards in sole name of the deceased have been canceled including Debit, Debit Mastercard and Creditcards | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2 | Documents | Action Required | Completed |
| a | Document collection | All documents collected have been copied and certified | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3 | Payment of bills | | Completed |
| a | Did your branch process a funeral payment? | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| b | Approval from Deceased Estates team received for payment of funeral invoice | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3 | Details of staff member | | |
| a | Branch name and number | | |
| b | Name of staff member and number | | |

Miscellaneous notes

i **Please note:** This form and any other documents received must be uploaded to CPS immediately.

Note: When copying a will do not under any circumstances remove staples or mark it with a pen. Fold the pages if required to allow for photocopying.