

Deceased Customer Notification (Customer)

bankwest



CIF/File Reference Number

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

Purpose of this form

- To advise the Bankwest that a customer has passed away.
- To make a claim for reimbursement or payment of a funeral account for the deceased customer (if applicable).
- To authorise finalisation of the estate (if applicable).

What you need to know

- This form will be used by the Bank to identify accounts held by the deceased customer.
- Reimbursement, or payment of the funeral account, can only be paid to the person invoiced on the funeral account, the immediate next-of-kin or the Executor.
- All copies of documents must be certified. Please note, if you have given these documents to us previously (including your identification documents), you do not have to supply them again. Simply let us know which documents you have previously provided.
- If you need help completing this form, please call **13 17 18** between 8:00am and 8:00pm, local time, Monday to Friday.

What you need to do

- Complete this form. Please note if there is more than one person advising that the customer has passed away, the most immediate next-of-kin should complete this form.
- If claiming reimbursement or payment of the funeral account, attach or provide the branch a copy of the account or receipt.
- Attach or provide the branch with evidence of death (e.g. Death Certificate) and any other relevant documents you may have such as a Will.

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

What was the full name of the deceased?

What was their address?

State	Postcode

What was their date of birth? (if known)

What was the date of their death?

What was their marital status? (if known)

- Widowed (spouse predeceased) Married Never married
 In a de facto relationship Separated Divorced

Please provide the deceased's account number(s) if known

Section 2 – Your details (this enables us to reply to you)

Full given name(s)

Surname

Your residential address (PO Box is not acceptable)

State	Postcode

Your relationship to the deceased

Your daytime phone number

How would you like to proceed (select the option that applies to you, option 1 or option 2)

- Option 1** » I would like the Bank to deal directly with the estate's Solicitor/Executor/Administrator (when contacted by them). Please provide details of their name (if known):

Or

- Option 2** » As the executor/administrator, I would like the Bank to deal directly with me in relation to the estate matters.

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

Did the deceased leave a Will?

Yes No Not known

» If **'Yes'** the deceased left a Will, does anyone intend to apply or has anyone applied for Probate?

Yes No Not known

» If **'No'** the deceased did not leave a Will, does anyone intend to apply or has anyone applied for Letters of Administration?

Yes No Not known

» If **'Yes'** to any of these questions, when available please provide us with a certified copy of the original document.

Section 4 – Funeral expenses (ONLY complete if you wish the Bank to arrange payment or reimbursement of the funeral account)

We require the funeral receipt or account in order to arrange payments or reimbursement.

Do you have a copy of the funeral receipt or account?

Yes No » If **'No'** proceed to Section 5.

In order to arrange the payment or reimbursement, please confirm if you are the:

Person who has paid the funeral expenses

» How would you like the Bank to pay you? Account – BSB Account number

Bank cheque – Payable to

Person invoiced on the funeral account » See note below

Executor » See note below

Immediate next-of-kin » See note below

Payment will be made directly to the funeral director if requested, otherwise a Bank Cheque will be issued and made payable in accordance with the invoice.

Section 5 – Informant's authorisation to act upon this notification

Section 5a – Joint account title amendment

Do you have a joint savings or Investment account that you share with the Deceased?

Yes No » If **'Yes'** Would you like us to change the names of any accounts you hold jointly with the deceased?

Yes No



Please note: This authority will enable us to change joint accounts held between you and the deceased only, where evidence of death has been provided. Account numbers will not change.

Section 5b – Finalise Sole Assets of Estate

As the executor or administrator using the signature below as acknowledgement and agreement, do you authorise the bank to finalise/release funds held by the estate?

Yes No » If **'Yes'** please complete below

The following information is required to comply with Government Legislation:

Please specify any other name(s) you are known by

Your date of birth

Payable to (only include amounts if specific payments are to be made)	'Payment from' Account details	Payment Method (cheque, account transfer [include BSB/ Account number], draft, (include Account and IBAN number)

I acknowledge that the information and payment instructions I have provided are correct

Signature of informant

Date

Section 6 – Your identification (this is a Government requirement)



Please note: You only need to complete this section if you have:

- Selected option 2 (you would like the Bank to deal direct with you) in Section 2;
- Requested payment or reimbursement of a funeral account in Section 4;

Or

- Completed Informant's authorisations to act in Section 5.

To satisfy Government Regulations it is necessary for Bankwest to identify signatories of an estate by sighting direct evidence of their identity via **one** of the following 3 methods:

Option 1 » Provide one of your existing Bankwest account numbers:

Option 2 » Provide acceptable identification details to us at a Bankwest store for endorsing by store staff.

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date

Verification has been performed for the customer

Full name **and** Date of birth **or** Residential address

Bank Officer's name

Bank Officer's signature

Date

Option 3 » Alternatively, complete 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).



Other Important Information you need to know

- Accounts belonging solely to the deceased have been stopped to prevent further transactions, such as existing periodic payments or direct debit authorities.
- If the deceased customer held Credit Card(s) with Additional Credit Card holder(s), the additional card holder can no longer use their card(s). If the additional card holder would like a Credit Card, they will have to apply for a new Credit Card facility in their own name(s).
- Please return any Credit or Debit Cards that the deceased may have held.

Thank you for your time in completing this form, we will write to you shortly to advise next steps.