

NOTIFIER DETAILS

Informant(s) Full Name:

Address:

Suburb:

State:

Postcode:

Phone Number:

Email:

Relationship to the deceased: Spouse De facto Child Sibling Other

Other:

Are you any of the following: Executor Administrator Legal Personal Representative Solicitor

DETAILS OF THE DECEASED

Surname:

Given name/s

Residential address:

Suburb

State:

Postcode:

Date of Birth:

Date of Death:

Member number (if known):

Marital Status: Widowed Married De facto Separated Divorced Single

ESTATE MATTERS CONTACT DETAILS

- Please provide all correspondence to the Executor/Administrator
 Please provide all correspondence to the Legal Personal Representative
 Please provide all correspondence to the Estates Solicitor

Full Name:

Address:

Suburb:

State:

Postcode:

Phone Number:

Email:

PROOF OF DEATH

- Certified copy of complete death certificate
 Certified copy of the coroner or medical report (we will accept the report until a death certificate is issued)

WILL / PROBATE / LETTERS OF ADMINISTRATION

Is there a Will? Yes No Unsure

Certified copy of Will attached? Yes No

Has anyone applied (or is intending to apply) for Probate? Yes No Unsure

Has anyone applied (or is intending to apply) for Letters of Administration? Yes No Unsure

PAYMENT INSTRUCTIONS

If the Credit Union approves the releases of Estate Funds, please disburse funds as follows:

Funeral Expenses

Payment of the attached funeral invoice to be paid directly to the funeral directors in accordance with the tax invoice.

Electronic Transfer to:

Account Name: _____ Bank: _____
 BSB No: _____ Account No: _____

Office use Section Only

<u>Account Information</u>	<u>Date Actioned</u>	<u>N/A</u>	<u>Staff name and Initials</u>
RIM Status changed to Deceased	/ /	<input type="checkbox"/>	
Date of Death recorded	/ /	<input type="checkbox"/>	
Individually owned accounts restricted	/ /	<input type="checkbox"/>	
POA's/ Signatories removed from all accounts	/ /	<input type="checkbox"/>	
Visa Debit Card Cancelled (including any issued under POA or Signatory Rim)	/ /	<input type="checkbox"/>	
Internet Banking Cancelled (including POA or Signatory Rim)	/ /	<input type="checkbox"/>	
Member Cheque Book Cancelled	/ /	<input type="checkbox"/>	
Cheque account No.	377		
Date Last Cheque Presented	/ /		
Cheque No#			
Direct Debits cancelled	/ /	<input type="checkbox"/>	
Authority to continue Insurance Direct Debit obtained	/ /	<input type="checkbox"/>	
Periodical Payment authorities cancelled?	/ /	<input type="checkbox"/>	
Close PayID	/ /	<input type="checkbox"/>	
Close RIM Charge Codes	/ /	<input type="checkbox"/>	
Close RIM statements	/ /	<input type="checkbox"/>	
Overdraft Cancelled	/ /	<input type="checkbox"/>	
Outstanding Loan Balance Paid in Full	/ /	<input type="checkbox"/>	
Outstanding Loan Security cancelled/discharged	/ /	<input type="checkbox"/>	
Safe Keeping released	/ /	<input type="checkbox"/>	
<u>Estate Documentation</u>			
Certified Copy of Will	/ /	<input type="checkbox"/>	
Certified Copy of Original Probate	/ /	<input type="checkbox"/>	
Certified Copy of the Original Death Certificate	/ /	<input type="checkbox"/>	
Certified Copy of Letters of Administration	/ /	<input type="checkbox"/>	
Certified Copy of I.D.	/ /	<input type="checkbox"/>	
Statutory Declaration of Identity (Form 1 or Form 2)	/ /	<input type="checkbox"/>	
Certificate of identity by Solicitor or Justice of the Peace	/ /	<input type="checkbox"/>	
Indemnity Form	/ /	<input type="checkbox"/>	
Withdrawal form signed by each Executor	/ /	<input type="checkbox"/>	
Account Closure form	/ /	<input type="checkbox"/>	
<u>Account Closure</u>			
Date closure processed	/ /		
Balance Payable	\$		
Transfer to Account:			
	B.S.B		
	Account No:		
	Account Name:		
Account closure letter sent	/ /		