MyStateBank Deceased Estate Account Closure Form

This application to finalise Estate Accounts, release balances held and close bank accounts can only be made by the Executor(s) where there is a valid Last Will and Testament (Will), or the legal administrator or Next of Kin where there is not a valid Will. In order to ensure that we are taking instructions from persons authorised to act for the Estate, it is important that the right documents are provided before we can approve any application to release funds.

1. DOCUMENTS REQUIRED

In order to process a request to finalise accounts, we will require the following documents. Please select documents required and attach to this form if not previously provided to MyState Bank. We are unable to process this application without these documents.

☐ Certified copy of the Record of Death/Death Certificate issued by the Registry of Births, Deaths & Marriages.

Note: Not required if Probate or Letters of Administration provided; **PLUS**

Where there is a Will

☐ Certified copy of the Last Valid Will and Testament; or

☐ Certified copy of probate with Will Annexed if balance of accounts is $50,000.00 or more as at or after time of death; and

☐ Certified copy of photo identification of the Executor(s) named in the Will or person(s) named on Probate.

Where there is not a Will

☐ Proof of relationship of the Next of Kin (e.g. Birth Certificate, Marriage Certificate, domestic partner evidence); or

☐ Certified copy of Letters of Administration if balance of accounts is $50,000.00 or more as at the time of death; and

☐ Certified copy of photo identification of the Next of Kin(s) or person(s) named in Letters of Administration.

Our staff at any MyState Bank branch can take copies of your original documents and certify them.

Important: Where there is more than one Executor named on the Will, or where there is more than one legal Next of Kin (e.g. siblings or children), all persons must provide their identification documents and sign this form.

Once you have the above documents as required, you can proceed with completing this form and lodge your request for account closure(s).

2. DECEASED CUSTOMER DETAILS (IN FULL)

Customer Name (in full) _____

Customer No. _____ Date of Birth _____ Date of Death _____

3. DETAILS OF BANK ACCOUNTS TO BE CLOSED

Savings & Investment Accounts & Unsecured Personal Loans

Account Number	Account Type	Balance
	Net Total	

Note: Joint Accounts where the Deceased was a named joint owner are held in accordance with the Rights of Survivorship and with the surviving party the remaining beneficial owner of the funds. Only the surviving joint account holder can provide instructions relating to these accounts and they do not form part of the Deceased Estate where the surviving party remains. The surviving joint account holder should contact MyState Bank if they wish to transfer the account held into their name solely.

Secured loans, such as home loans, are subject to separate administration with MyState Bank. Where the Deceased has a secured loan held solely in their name, MyState Bank will contact the Executor/Administrator or Next of Kin separately to this account closing process.

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4. PAYMENT INSTRUCTIONS AND AUTHORITIES

Select one of the following options:

☐ Transfer to a MyState Bank Account Number _____ Account Name _____

Account name must be the Estate Trust, authorised solicitor's Trust Account or an account in the name of the Executor(s) or Administrator(s).

☐ External transfer to another Financial Institution

Account Name _____ BSB _____ Account Number _____

Account name must be the Estate Trust, authorised solicitor's Trust Account or an account in the name of Executor(s) or Administor(s).

☐ Cheque payable to 'Estate of [Deceased customer]'

Mail cheque to (address) _____

☐ Cheque payable to another party

Cheque made payable to:

_____

Mail cheque to (address):

_____

Where alternative payments are requested, please attach written instructions to this form, signed by all claimants. MyState Bank will consider alternative payments from the Estate accounts upon individual application.

Please ensure that all electronic transfer details quoted on this application are correct. Please note that the account name does not form part of the payment instructions and that the name will be disregarded in making the payment and that MyState Bank and the receiving party's financial institution may rely solely on the BSB and account number. Any error in these payment details may result in a loss of funds and to the extent permitted by law, MyState Bank is not liable for any loss arising from any error in instructions given by you. The Estate may be liable for the loss if the funds are unable to be retrieved from a third party. Dishonour and rejection fees may apply.

For further information refer to our disclosure documentation.

Note external transfer fees & cheque fees apply – see MyState Bank's Schedule of Fees & Charges for Deposit Accounts for further information available at **www.mystate.com.au** or by contacting us on **138 001** or visiting any MyState Bank branch.

5. INDEMNITY & DECLARATION

In consideration of MyState Bank paying the net balance of the Deceased's Accounts as requested, we the Releasor(s) (named Executor(s), Administrator(s) or Next of Kin) agree to pay all debts and other expenses of the Deceased's estate before making beneficiary distributions from the payment received from MyState Bank.

MyState Bank has been authorised by the Executor(s), Administrator(s) or legal Next of Kin as advised above (herein known as the Releasor(s)) to pay and have agreed to pay the Estate monies in accordance with the instructions below, and the Releasor(s) agree that this indemnity and release as outlined below is to be given to MyState Bank.

I/we acknowledge and agree to the combining of account balances held in the name of the Deceased.

I/we authorise MyState Bank to release the following funds held by the Deceased.

I/we agree to hold MyState Bank indemnified against all actions suits, claims, demands and proceedings in respect of the estate monies and the payment by MyState Bank of the estate monies in accordance with these instructions.

I/we acknowledge that the information, payment instructions and authorities I have provided in this application are true and correct.

And I/we make this declaration pursuant to the Law for the taking of Declarations in _____ (Specify State/Territory of Australia)

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EXECUTOR/ADMINISTRATOR/NEXT OF KIN 1

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

☐ Executor or ☐ Next of Kin

If Next of Kin, Relationship:

WITNESSED BY

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

EXECUTOR/ADMINISTRATOR/NEXT OF KIN 2

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

☐ Executor or ☐ Next of Kin

If Next of Kin, Relationship:

WITNESSED BY

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

EXECUTOR/ADMINISTRATOR/NEXT OF KIN 3

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

☐ Executor or ☐ Next of Kin

If Next of Kin, Relationship:

WITNESSED BY

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

EXECUTOR/ADMINISTRATOR/NEXT OF KIN 4

Full Name

Signature

Street Address

Suburb, State, Postcode

Date

☐ Executor or ☐ Next of Kin

If Next of Kin, Relationship:

WITNESSED BY

Full Name

Signature

Street Address

Suburb, State, Postcode

Date