Request for Funeral Payment or Reimbursement out of a Deceased Customers Account

1. DOCUMENTS REQUIRED

In order to consider a Request for Funeral Payment or Reimbursement out of a Deceased Customers Account, we require the following documents to accompany this form. We are unable to process this application without these documents.

- ☐ Tax Invoice issued from the Funeral Home
- ☐ If the funeral tax invoice has already been paid, the receipt showing payment and the name of the person to be reimbursed the amount paid.
- ☐ Copy of all executors/claimants Identification
- ☐ Copy of the Last Valid Will & Testament; **OR**
- ☐ Death Certificate if no Will (we will accept a Medical Cause Of Death Certificate for payments to a funeral home only)

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.

2. DECEASED CUSTOMER DETAILS (IN FULL)

Customer Name (in full)

Customer No. | Date of Birth | Date of Death

3. PAYMENT INSTRUCTIONS & AUTHORITIES

☐ **The Funeral Account is outstanding**

Payment will be made by electronic transfer where available and remitted directly to the provider of the Funeral Services as shown on the attached invoice.

I/we authorise MyState to make a payment of $ _____ by electronic transfer / cheque to Name of Funeral Service Provider **OR**

☐ **The Funeral Account is Paid – Reimbursement to Funeral Tax Invoice**

Payment will be reimbursed directly to the payer of the Funeral Services as shown on the attached invoice and receipt.

Name of Person to be reimbursed

I/we authorise MyState to make a payment of $

☐ Transfer to a MyState Account Number _____ Account Name

☐ External transfer to another Financial Institution

Account Name | BSB | Account Number

☐ Cheque (payable to person to be reimbursed)

Mail cheque to (address)

Please ensure that all transfer details are correct. Customers should 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 the extent permitted by law. MyState Bank is not liable for any loss arising from any error in instructions given by you or an authorised user. Customers 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.

4. INDEMNITY AND RELEASE

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

In the circumstances where there is more than one executor, I am authorised on behalf of all executors to provide this indemnity and release to make payment to the Funeral Home.

EXECUTOR / CLAIMANT 1

Signature

Full Name

Date ☐ Executor or ☐ Claimant

EXECUTOR / CLAIMANT 2

Signature

Full Name

Date ☐ Executor or ☐ Claimant

EXECUTOR / CLAIMANT 3

Signature

Full Name

Date ☐ Executor or ☐ Claimant

EXECUTOR / CLAIMANT 4

Signature

Full Name

Date ☐ Executor or ☐ Claimant