

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 the Last Valid Will & Testament; or
- Death Certificate if no Will
- Copy of all executors/claimants Identification

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)

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