

DECEASED ESTATE – CLOSURE REQUEST BALANCE OF \$5,000 OR LESS



When to use this form

Executors and Administrators must complete this form to close a deceased person's Heritage Bank account(s), where the combined account balance is \$5,000 or less, and they do not have any open loans under the membership. This form must be submitted with **all required documents** listed below and signed by **ALL** executors listed in the Will. Important: In branch settlement can only be completed if there are no open lending products on the membership.

Required documents

- Certified copy of Death Certificate
- Certified copy of Will
- Original or certified identification must be provided for ALL Executors
- Addition of party form
- This form signed by **ALL** Executors

Deceased Member details

Member number _____ Date _____
Full name of deceased member _____ Date of death _____
Linked member numbers: 1. _____ 2. _____ 3. _____

Account/s to be closed

| Member number | Account type (eg. S1, S12) | Account balance |
|---------------|----------------------------|-----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Details of Executors

Executor 1

Title _____ Surname _____ Given names _____
Mail address _____
Suburb _____ State _____ Postcode _____
Phone number _____ Date of birth _____

Executor 2

Title _____ Surname _____ Given names _____
Mail address _____
Suburb _____ State _____ Postcode _____
Phone number _____ Date of birth _____

In instances where there are more than 2 Executors/Administrators, please complete a second form and attach together.

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Account Closure and Distribution of Funds

By signing below, I/we, as Executor/s of the Estate of the Deceased Member:

1. Request and authorise the closure of all above mentioned accounts.
2. Authorise Heritage Bank to combine the balance of accounts and clear any debts held solely by the Deceased in relation to personal loans, credits cards, overdrawn transaction accounts and similar.
3. Have read and agree to the Privacy Policy and confirm that I/we have the authority to provide the personal information I/we have provided.
4. Subject to Heritage Bank's right to combine accounts, authorise the funds to be distributed as per the below:

By transfer to Heritage Bank "Estate of" Account

Account number _____ Account name _____

By transfer Solicitors Trust Account or Estate Account with another Financial Institution

BSB _____ Account number _____ Account name _____

Signature of Executor 1 _____

Signature of Executor 2 _____

Please check the accuracy of the account name, BSB and account number you supplied. While Heritage does not rely on the account name supplied, Heritage does rely on the accuracy of the BSB and account number to process the payment. In the event that the BSB and/or account number supplied is inaccurate you may be liable for any loss if the funds paid cannot be recovered from a third party.

Note: A Manual Transfer Fee applies - please refer to the Fees and Limits Guide at heritage.com.au

Next steps

Hand this completed form into any Heritage Branch with certified copies of all required supporting documentation. Alternatively, please send the fully completed closure request form with supporting documentation to:



Heritage Bank
Estate Management
PO Box 190
Toowoomba QLD 4350

Branch use only

Evidence received - KYC and ID for executors collected and loaded in PROD

Evidence received - Name changed to deceased on all memberships (TC22 'Z')

Evidence received - Certified copy of the Death Certificate

Evidence received - Certified copy of the Will

Prosper product completed and finalised

Ensure all documents received are scanned to Lending Connect

\$1,000 All staff approval _____

\$2,500 Branch Leader/Manager approval _____

\$5,000 Area Branch Manager approval _____

Withdrawal processed by: _____ Date _____