

DECEASED ESTATE MEMBERSHIP APPLICATION

If you've recently lost a loved one we understand this can be an emotional time. Finalising their financial accounts can seem overwhelming, which is why we are available to offer our help, support or guidance during this process. Please drop in to your nearest Branch, call us any time on 13 14 22 or refer to our support information <https://www.heritage.com.au/support/accessing-your-account/deceased-estates>

When to use this form

This form is for Executors or Administrators of an Estate, who wish to open a new account to assist with the administration of the Estate.

Documents required

- Original or original certified copy of Death Certificate AND
- Original or original certified copy of Will OR
- Original or original certified copy of Grant of Probate (complete document) or Letters of Administration

Identification requirements

All executors / administrators and signatories will need to complete an [Addition of Party form](#) and provide acceptable identification combination as per the [Membership ID Requirements](#).

Tax file number

- Relevant Tax File Number for the Estate. Whilst it is not compulsory to provide a tax file number, we recommend that it is supplied. If a tax file number is not provided, Heritage is required by law to deduct withholding tax from any interest earned above a certain threshold.

Please note that as a Financial Institution Heritage Bank is unable to provide tax advice. You should seek independent advice from a qualified accountant on your tax obligations

Additional parties to the membership

Complete [Addition of Party form](#) to add all authorised parties to the membership.

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Membership number: _____

Date: _____

Estate details

Full name of the estate: _____

Date of birth of deceased: _____ Date of death: _____

Full address of estate: _____

Mailing address (if different to above): _____

Telephone: _____ Email: _____

Country established: Australia Other: _____

Estate Administration Details

Did the deceased have an existing membership with Heritage Bank? No Yes - If Yes, what is the existing member number/s?

Member Number/s: _____

Signing instructions for all transactions

Number of parties to sign _____ Is there a special signing authority Yes No

If yes, list position / party required to sign at all times: _____

Nomination of primary contact

Name _____

Executor Administrator

Executors / Administrators

Note: All Executors and Administrators must complete an [Addition of Party form](#) and provide identification.

List below all Executors / Administrators

Full legal name: _____

Full legal name: _____

Full legal name: _____

Full legal name: _____

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Membership number: _____

Date: _____

Declaration

By signing this Membership Application Form, I/we agree to the following:

- To be bound by the Constitution of Heritage Bank Limited.
- To be bound by the terms and conditions as outlined in the [Guide to Heritage Deposit Products](#).
- That it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to make a false and misleading statement. I/We declare that the details as shown on this form are complete and accurate.
- I have received a copy of the Heritage [Privacy Policy](#) and consent for my personal information to be collected, used and disclosed in accordance with Heritage's Privacy Policy. This includes verification of personal information as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
- That any tax file number submitted will apply to all existing and future accounts opened under this membership.
- The signing instructions on this membership apply to all accounts and term deposits under this member number and will remain in force until Heritage receives notice in writing of cancellation, which is signed in accordance with the signing instructions.
- Heritage may use my electronic or telephone details to communicate with me regarding details of my account. Heritage may also send me required documents in an email. I understand that in these instances paper copy will not be sent. I should check my emails regularly and I can withdraw this consent at any time. If I change my personal details (for example address or email address) I will inform Heritage as soon as possible. If you do not wish to receive emails from Heritage in relation to your account please tick here
- This information reflects the Deceased Estate's tax residency status.

Executors Signatures

Name of Executor / Administrator one (please print): _____

Signature of Executor / Administrator one: _____ Date: _____

Name of Executor / Administrator two (please print): _____

Signature of Executor / Administrator two: _____ Date: _____

Name of Executor / Administrator three (please print): _____

Signature of Executor / Administrator three: _____ Date: _____

Name of Executor / Administrator four (please print): _____

Signature of Executor / Administrator four: _____ Date: _____

Branch use only

Documents attached (✓)

Certified copy of Death Certificate Certified copy of Will Certified copy of Grant of Probate or Letters of Administration

Branch stamp:	Has KYC & ID been collected & verified (Y/N)	MEO Signature:	Scanned to Lending Connect