

## **Deceased Estate Payment Request and Authority Form**

This form is to be used to outline the payment instructions from a deceased member's account to reimburse or make payments in relation to funeral or Estate expenses, and/or disburse funds and settle the Estate. It must be completed and signed by all appointed Executor(s)/administrator(s) or next of kin of the Deceased Estate.

We're here to help, if you need assistance completing this form or have any questions, call us on 1300 384 400, drop into your local Service Centre or refer to our **Deceased Estate Guide** on our website.

As part of helping you with Estate expenses, we may allow certain one-off payments up to \$15,000 and some ongoing costs to be withdrawn from accounts that are essential for the maintenance of the Estate. These may include:

- Funeral and memorial costs
- Rate or strata payments (if the property is solely in the deceased's name)
- Service provider costs for a property that's solely in the deceased's name, such as:
  - Water rates
  - Electricity/gas bills
- Service provider final payments for the deceased, such as:
  - Internet service
  - Landline phone or mobile phone
- Loan repayments for loans held with us that are solely in the name of the deceased
- Application fee to the court for Probate

To request payment of a cost associated with the Estate you will need:

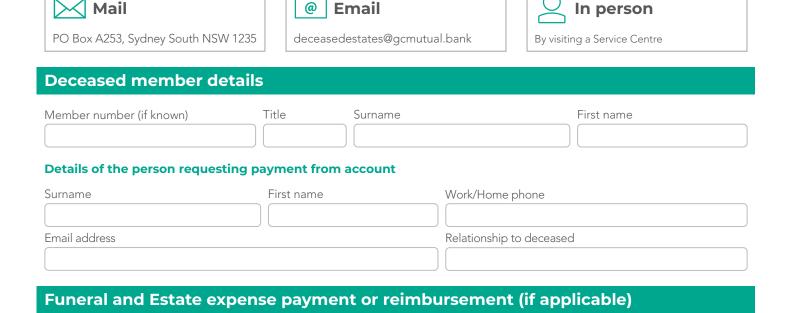
- To complete this form signed by all the next of kin if there is no Will or by the Executor if there is a Will
- A copy of the invoice that is to be paid

Please forward them to us:

Account name

1.

3.



Account number

Amount (\$)

I/We authorise payment of Estate expenses or reimbursement to the following account(s):

BSB number

If required, provide any additional or alterna requests for Bank Cheque(s), or any addition				ansfer details,
<b>Note:</b> If you are seeking reimbursement for evidence that the bill has been paid and by				e supplier must
Bank cheque details (for reimbursem				
Mailing Address (Unit no./ Street no./ Street name)		Suburb/Town	State	Postcode
Estate settlement and accou	unt closure			
I/We authorise combining of account balance				account balances),
closure of the accounts held on behalf of the Account name	BSB number	ourse funds to the following a  Account number	accounts:	Payment split (%)*
1.		Account number		Tayment spire (76)
2.				
3.				
3.				*Should add up to 100%
If required, provide any additional or alterna	te payment instruct	ions including: International	Money Transfer de	
Bank Cheque(s), or specific payment to be n				rans, requests rev

## **Release of assets**

To request for the release of assets, please completed our **Request to Release Security Form**.

All listed Estate representatives must authorise these instructions					
I/We acknowledge that if funds are withdrawn from the speci- (if interest or bonus interest is applicable).	fied account that this may affect any interest payable on the account				
I/We understand that if a Term Deposit needs to be broken to reinvested in a Term Deposit for the same period and same in					
I/We acknowledge receipt/or request payment of the deceas	ed's money.				
I/We undertake to reimburse the bank for this money and any	other costs if it is subsequently proved that I/we are not entitled to it.				
I/We indemnify the bank against any actions or claims which may be made by any person for this money.					
I/We acknowledge the bank may also transfer money kept in the deceased's deposit account to clear debts owed in other accounts (in accordance with the accounts' terms and conditions).					
Executor/Administrator/Next of Kin 1	Executor/Administrator/Next of Kin 2				
Full name	Full name				
Signature	Signature				
Address (Unit no./ Street no./ Street name)	Address (Unit no./ Street no./ Street name)				
Suburb/Town State Postcode	Suburb/Town State Postcode				
Date	Date				
Executor or Next of Kin	Executor or Next of Kin				
If Next of Kin, relationship:	If Next of Kin, relationship:				
Executor/Administrator/Next of Kin 3	Executor/Administrator/Next of Kin 4				
Full name	Full name				
Signature	Signature				
Address (Unit no./ Street no./ Street name)	Address (Unit no./ Street no./ Street name)				
Suburb/Town State Postcode	Suburb/Town State Postcode				
Date	Date				
Executor or Next of Kin	Executor or Next of Kin				
If Next of Kin, relationship:	If Next of Kin, relationship:				
Next steps					
Once you have completed this form please return to G&C Mutual Bank by:					
Mail @ Email	☐ In person				
PO Box A253 Sydney South NSW 1235   deceased estates@gcmutual bank   By visiting a Service Centre					

**Authority to release funds & indemnity**