

DECEASED ESTATE MEMBERSHIP APPLICATION

When to use this form

Use this form when a new membership is required for the following:

- Executors/Administrators of an estate require an account to assist with the administration of the estate

Documents required

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

Identification requirements

All executors 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 Membership Type. 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 signatories and any other authorised parties to the membership.

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Membership number: _____

Date: _____

Estate details

Full name of the estate: _____

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: _____

Referral information

Were any parties on this new membership referred to Heritage by a family member, friend or colleague No Yes- provide details below

Referrer Name: _____

Referrer Member Number (if unsure, leave blank): _____

Relationship: Family Friend Colleague

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 _____

Position _____

Executors

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

List below all Executors

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 one (please print): _____

Signature of Executor one: _____ Date: _____

Name of Executor two (please print): _____

Signature of Executor two: _____ Date: _____

Name of Executor three (please print): _____

Signature of Executor three: _____ Date: _____

Name of Executor four (please print): _____

Signature of Executor 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)	CSO Signature:	Scanned to MDSS