

# DECEASED ESTATE MEMBERSHIP OPENING - REQUIRED DOCUMENTS



Membership number \_\_\_\_\_

Date \_\_\_\_\_

## When to use this form

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

- When the 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 appointed Executors/Administrators are required to provide identification which meets an Acceptable Identification Combination and all their details will need to be recorded in the personal section of the Membership Form.

## 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.)

# DECEASED ESTATE APPLICATION FORM



Membership number \_\_\_\_\_

Date \_\_\_\_\_

## Membership details

Customer type I - Personal (individual)

Number of executors \_\_\_\_\_

## Signing instructions

Number to sign on accounts \_\_\_\_\_ of \_\_\_\_\_ to sign

Is there a special signing authority (Y/N)? \_\_\_\_\_

If yes, list name of person \_\_\_\_\_

## Membership address details

Membership mailing address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Membership email address \_\_\_\_\_

## Account holder - personal details

Estate of: Surname \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth \_\_\_\_\_ Date of death \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

## Executor one

### Personal details

Do you have an existing relationship with Heritage (Y/N)? \_\_\_\_\_ If yes, list existing member number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

Commonly known as \_\_\_\_\_

First school attended \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Driver's licence \_\_\_\_\_

### Residential address details

Property \_\_\_\_\_ Unit/ flat # \_\_\_\_\_ House # \_\_\_\_\_

Street \_\_\_\_\_ Street type \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Mailing address details

Mail address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Contact details

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

## Executor two

### Personal details

Do you have an existing relationship with Heritage (Y/N)? \_\_\_\_\_ If yes, list existing member number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

Commonly known as \_\_\_\_\_

First school attended \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Driver's licence \_\_\_\_\_

### Residential address details

Property \_\_\_\_\_ Unit/ flat # \_\_\_\_\_ House # \_\_\_\_\_

Street \_\_\_\_\_ Street type \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Mailing address details

Mail address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

### Contact details

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

### Nomination of primary contact

List primary contact name \_\_\_\_\_

### Executor acknowledgement

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.
- 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 about 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 [  ]

Signature of Executor One \_\_\_\_\_

Signature of Executor Two \_\_\_\_\_

Branch use only	Branch Stamp:	Has KYC & ID been collected & verified (Y/N)?	CSO Signature:	Scanned to MDSS

NOTE: It is an offence under the Financial Transaction Reports Act 1988 and the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and misleading information.

Branch use only

Documents attached (✓)

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