

# CERTIFICATION FORM - DECEASED ESTATE ADMINISTRATION



## When to use this form

To satisfy legislative requirements, Heritage Bank must identify all executors/administrators of a deceased estate.

This form only needs to be completed if the executor/administrator is unable to visit a branch in person to provide the identification requirements.

## Instructions for completion

- ✓ The identification documents used must meet the [Membership Opening ID Requirements available online here](#) or by request.
- ✓ **Original certified copies of the identification documents must be provided and these copies must be certified by the certifier**
- ✓ The Certification form will not be accepted if:
  - It is not fully completed;
  - Does not meet an identification combination;
  - The certified copies of the identification documents have not been returned to Heritage; or
  - The certifier is not listed in the acceptable categories (refer to page 2 of the form).

## Return to Heritage

Please send the original certified copies of your identification documents, along with the fully completed certification form to:

**Heritage Bank  
Deceased Estates  
PO Box 190  
Toowoomba QLD 4350**

If you have any queries please contact Heritage on 13 14 22.

## Details of the deceased account holder

Membership name: \_\_\_\_\_

Membership number: \_\_\_\_\_ Date: \_\_\_\_\_

## Executor/Administrator details

Surname: \_\_\_\_\_

Given Name/s: \_\_\_\_\_

Residential Address (Not a PO Box): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

**I acknowledge the information provided above and the identification documentation provided is current, true and correct.**

**Signature of Executor/Administrator - signed in front of Certifier:** \_\_\_\_\_

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## Certifier to complete the following information

### Certifier's personal details

Certifier Surname \_\_\_\_\_

Certifier Given Name/s \_\_\_\_\_

Certifier Occupation \_\_\_\_\_

Certifier Residential Address (Not a PO Box): \_\_\_\_\_

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

### Acceptable categories of certifiers

- |   |   |  |
|---|---|--|
| 1. Legal Practitioner                       | 7. Notary Public                                    | 12. Officer of a Financial Institution<br>(2 years service)                      |
| 2. Judge                                    | 8. Police Officer                                   | 13. Finance Company Officer (2 years service)                                    |
| 3. Magistrate                               | 9. Agent of Australia Post                          | 14. Accountant (members of a recognised<br>account body)                         |
| 4. CEO of a Federal Court                   | 10. Employee of Australia Post<br>(2 years service) | 15. Officer or Authorised Representative of an<br>AFS licensee (2 years service) |
| 5. Registrar or Deputy Registrar of a Court | 11. Australian Consular<br>Diplomatic Officer       |  |
| 6. Justice of the Peace                     |   |  |

Category of Certifier \_\_\_\_\_ (Insert the relevant number from the list above)

### Certifier's statement

I have examined the original documents listed above and endorsed each copy of the identification document in the following manner:

*"This is to certify that this is a true copy of the original document which I have sighted.*

*Date:*

*Name:*

*Signed:*

*Title:*

*Registration Number (if applicable):"*

### Signature of the certifier

I certify the information provided is true and correct: \_\_\_\_\_

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