

# DECEASED ESTATE – CLOSURE REQUEST BALANCE OF \$5,000 OR LESS



## When to use this form

Executors and Administrators must complete this form to close a deceased person's Heritage Bank account(s), where the combined account balance is \$5,000 or less, and they do not have any open loans under the membership. This form must be submitted with **all required documents** listed below and signed by **ALL** executors listed in the Will. Important: In branch settlement can only be completed if there are no open lending products on the membership.

## Required documents

- Certified copy of Death Certificate
- Certified copy of Will
- Original or certified identification must be provided for ALL Executors
- Addition of party form
- This form signed by **ALL** Executors

## Deceased Member details

Member number \_\_\_\_\_ Date \_\_\_\_\_  
Full name of deceased member \_\_\_\_\_ Date of death \_\_\_\_\_  
Linked member numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Account/s to be closed

Member number	Account type (eg. S1, S12)	Account balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## Details of Executors

### Executor 1

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given names \_\_\_\_\_  
Mail address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_ Date of birth \_\_\_\_\_

### Executor 2

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given names \_\_\_\_\_  
Mail address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number \_\_\_\_\_ Date of birth \_\_\_\_\_

In instances where there are more than 2 Executors/Administrators, please complete a second form and attach together.

## Account Closure and Distribution of Funds

By signing below, I/we, as Executor/s of the Estate of the Deceased Member:

1. Request and authorise the closure of all above mentioned accounts.
2. Authorise Heritage Bank to combine the balance of accounts and clear any debts held solely by the Deceased in relation to personal loans, credits cards, overdrawn transaction accounts and similar.
3. Have read and agree to the Privacy Policy and confirm that I/we have the authority to provide the personal information I/we have provided.
4. Subject to Heritage Bank's right to combine accounts, authorise the funds to be distributed as per the below:

By transfer to Heritage Bank "Estate of" Account

Account number \_\_\_\_\_ Account name \_\_\_\_\_

By transfer Solicitors Trust Account or Estate Account with another Financial Institution

BSB \_\_\_\_\_ Account number \_\_\_\_\_ Account name \_\_\_\_\_

Signature of Executor 1 \_\_\_\_\_

Signature of Executor 2 \_\_\_\_\_

Please check the accuracy of the account name, BSB and account number you supplied. While Heritage does not rely on the account name supplied, Heritage does rely on the accuracy of the BSB and account number to process the payment. In the event that the BSB and/or account number supplied is inaccurate you may be liable for any loss if the funds paid cannot be recovered from a third party. Note: A Manual Transfer Fee applies - please refer to the Fees and Limits Guide at [heritage.com.au](http://heritage.com.au)

## Next steps

Hand this completed form into any Heritage Branch with certified copies of all required supporting documentation. Alternatively, please send the fully completed closure request form with supporting documentation to:



Heritage Bank  
Estate Management  
PO Box 190  
Toowoomba QLD 4350

## Branch use only

Evidence received - KYC and ID for executors collected and loaded in PROD

Evidence received - Name changed to deceased on all memberships (TC22 'Z')

Evidence received - Certified copy of the Death Certificate

Evidence received - Certified copy of the Will

Prosper product completed and finalised

Ensure all documents received are scanned to Lending Connect

\$1,000 All staff approval \_\_\_\_\_

\$2,500 Branch Leader/Manager approval \_\_\_\_\_

\$5,000 Area Branch Manager approval \_\_\_\_\_

Withdrawal processed by: \_\_\_\_\_ Date \_\_\_\_\_