

Deceased members letter of authority.



When to use this form.

This form is to be used to give the Bank the payment instructions for a deceased member.

Please ensure the form is completed and signed by all named Executor(s) or Administrator(s) of the deceased.

Executor(s) or Administrator(s) of the deceased to complete this section.

Estate details.

The Estate
of the Late.

Name of authorised
person 1.

Name of authorised
person 2.

As Executor(s)/Administrator(s) for the above named Estate, I/we acknowledge and agree to the combining of the balances of the following accounts in the name of the deceased and authorise Defence Bank Limited to close all accounts held in the name of the deceased:

Account name.

Account number.

Account name.

Account number.

Account name.

Account number.

Note: only accounts held in the same name and capacity can be combined.

Disbursement details.

Please disburse all Estate funds in the following manner:

Please only select only of the following options.

Transfer within Defence Bank. Transfer to Defence Bank 'Estate of ...' account.

Account name.

Account number.

Note: If you choose this option you must open a Deceased Estate account with Defence Bank in the name of the estate. Please contact the Deceased Estates Team for assistance of more information.

Transfer to another financial institution. Transfer to solicitors Trust Account **or** Estate account with another Financial Institution.

Account name.

Account number.

BSB.

Reference.

Note: If you choose to have the funds transferred to a solicitors trust account we may request evidence (such as a letter from the firm) that they are engaged to act on behalf of the estate.

Note: Please check the accuracy of the account name, BSB and account number you supplied. The authorised person is responsible for completing this accurately on the form. Incorrect details may result in misplacement of funds and a delay in payment.

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Executor(s) or Administrator(s) of the deceased to complete this section.

Your acknowledgement and signature.

I/we acknowledge and confirm:

That I/we am/are the duly appointed Executor(s) or Administrator(s) of the estate of the deceased and are not aware of any dispute or challenge in relation to these instructions, which are made in good faith; and that the information we have provided is true and correct to the best of our knowledge;

Authorised person 1.
(print full name)

Signature.

Date.

Authorised person 2.
(print full name)

Signature.

Date.

Please return.

Please return completed form along with all other required documentation to Defence Bank Deceased Estates Team at:

Defence Bank Limited
Attn: Deceased Estates Team
PO Box 14537
Melbourne VIC 8001