



Deceased Estate Statutory Declaration

All Executors named in the Will to sign Statutory Declaration and Deed Poll

Account Numbers: [Grid of 32 boxes for account numbers]

I/We, _____

of _____

do solemnly and sincerely declare that attached and marked "A" is a certified copy of the Death Certificate of:

Late of _____

**Please cross out text that does not apply.*

Single Name:

1. Attached and marked "B" is a certified copy of the Last Will and Testament of the deceased.
2. I am/We are named as Executor/s of the Will.
3. I/We certify that the deceased is the person referred to in the above account/s.
4. I/We request Newcastle Permanent Building Society Limited to release the amount/s standing to the credit of the deceased in the above account/s to the executor/s.

Joint Name:

1. I/We certify that the deceased is a joint holder of the above account/s.
2. I am/We are the surviving joint holder/s of the above account/s.
3. I/We request Newcastle Permanent Building Society Limited change the name of the account/s that I/we hold jointly with the deceased so that it is in my/our name/s only.

Intestate:

1. I/We certify that the deceased is the person referred to in the above account/s.
2. I/We certify that the deceased died intestate.
3. I was/We were _____ (nature of relationship e.g. spouse, children) and Next of Kin of the deceased.
4. None of the assets in the estate of the deceased necessitated a Grant of Letters of Administration and it is not my/our intention to apply for Letters of Administration.
5. I/We request Newcastle Permanent Building Society Limited to release the amount/s standing to the credit of the deceased in the above account/s to me/us.

Sole or Joint Name – Line of Credit/Overdraft:

1. The deceased is an account holder or guarantor of the above account/s, which includes a line of credit/overdraft facility.
2. I/We certify that the deceased is the person referred to in the above account/s
3. Attached and marked "B" is a certified copy of the Last Will and Testament of the deceased*/the deceased died intestate and attached is a certified copy of the letters of administration*.
4. I am/We are named as Executor of the Will*/I am/We are the administrator under attached letters of administration*.
5. I/We acknowledge that all future debits to this account will form part of the total amount owing under the facility agreement.
6. I/We certify that the estate will remain jointly and severally liable for all future debits on this account.

Signature 1

** Please cross out any text that does not apply*

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900

SUBSCRIBED AND DECLARED)
at _____)
this _____ day of _____)
20 _____)

*Signature of *Executor or *Surviving Joint Account Holder or *Next of Kin*

BEFORE ME _____ a **solicitor or *Justice of the Peace* (Reg. No. _____), and I certify the following matters concerning the making of this statutory declaration by the person who made it:

1. ** I saw the face of the person or * I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.*
2. ** I have known the person for at least 12 months or * I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____*

Signature of JP or solicitor

Signature 2

** Please cross out any text that does not apply*

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act, 1900

SUBSCRIBED AND DECLARED)
at _____)
this _____ day of _____)
20 _____)

*Signature of *Executor or *Surviving Joint Account Holder or *Next of Kin*

BEFORE ME _____ a **solicitor or *Justice of the Peace* (Reg. No. _____), and I certify the following matters concerning the making of this statutory declaration by the person who made it:

1. ** I saw the face of the person or * I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering.*
2. ** I have known the person for at least 12 months or * I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was _____*

Signature of JP or solicitor

Deed Poll

In favour of Newcastle Permanent Building Society Limited.

Indemnity – applies to all accounts

I/We unconditionally and irrevocably indemnify Newcastle Permanent Building Society Limited and will keep it indemnified against all actions, claims, demands or suits that may be brought or made against it and also against all charges, costs, expenses or losses that it may incur for which it may be liable in respect of the release of the amount standing to the credit of the deceased in the above account/s in accordance with my/our request.

Undertaking – applies to single name accounts only

I/We undertake to apply assets in the estate of the deceased first in payment and discharge of the deceased's debts and then in accordance with the Will of the deceased or Grant of Probate (if obtained).

Signature 1

Executed as a deed poll

Dated: / /

Signed, sealed and delivered by

(Insert name)

in the presence of:

Signature

(Insert name of witness)

Signature of witness

Signature 2 (if required)

Executed as a deed poll

Dated: / /

Signed, sealed and delivered by

(Insert name)

in the presence of:

Signature

(Insert name of witness)

Signature of witness

Privacy Consent and Notification

We collect your personal information for the purposes of releasing assets managed by us on behalf of the deceased. If you provide us with incomplete or inaccurate information, we may not be able to do these things. We disclose, hold and use personal information about you for the purposes of our internal management including accounting, administration, compliance and risk management. We may exchange personal information about you with any external service provider of ours and with any accountant, financial planner, lawyer or other adviser who is acting for you.

You can gain access to the personal information about you that we hold by contacting us. Our Privacy Policy explains how you can gain access to, or ask us to correct, personal information about you that we hold and how our complaints process works. A copy of our Privacy Policy and information about how to contact us are available at www.newcastlepermanent.com.au

Deceased Estate Branch and Administration Support Checklist

Date of death / /

Deceased Member Number:

Deceased Member Name: _____

Flag placed on the member number and account numbers of the Deceased

Confirm Deceased member's Internet Banking has been blocked

- Combined total of all single name accounts are under \$2,000 as at the date prior to the date of death (Closed at Branch and documents forwarded to Head Office)
- Combined total of all single name accounts are over \$2,000 as at the date prior to the date of death (Sent to Head Office for closure)

<input type="checkbox"/> Single Name Account/s combined total <\$15,000 (as at the day prior to the date of death)	B	AS
• Certified copy of Death Certificate (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Will (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Withdrawal forms signed by ALL executors (as noted in Will)	<input type="checkbox"/>	<input type="checkbox"/>
• Passbooks/cards or lost passbook/card statutory declaration completed by executor/s	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of identification for all executor/s (original sighted in branch and copy stamped advising this) OR AML ID for existing members (state member number/s): _____	<input type="checkbox"/>	<input type="checkbox"/>
• Deceased Estate Statutory Declaration completed and signed by ALL executors	<input type="checkbox"/>	<input type="checkbox"/>
• Deed Poll completed and signed by ALL executors	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Single Name Account/s combined total >\$15,000 (as at the day prior to the date of death)	B	AS
• Certified copy of Probate (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Withdrawal forms signed by ALL executors (as noted in probate)	<input type="checkbox"/>	<input type="checkbox"/>
• Passbooks/cards or lost passbook/card statutory declaration completed by executor/s	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of identification for all executor/s (original sighted in branch and copy stamped advising this) OR AML ID for existing members (state member number/s): _____	<input type="checkbox"/>	<input type="checkbox"/>
• Deceased Estate Statutory Declaration completed and signed by ALL executors	<input type="checkbox"/>	<input type="checkbox"/>
• Deed Poll completed and signed by ALL executors	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Intestate – combined total of account/s <\$15,000 (as at the day prior to the date of death)	B	AS
• Certified copy of Death Certificate (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Withdrawal forms signed by next of kin (for each account)	<input type="checkbox"/>	<input type="checkbox"/>
• Passbooks/cards or lost passbook/card statutory declaration completed by next of kin	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of identification for next of kin (original sighted in branch and copy stamped advising this) OR AML ID for existing members (state member number/s) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Deceased Estate Statutory Declaration completed and signed by next of kin	<input type="checkbox"/>	<input type="checkbox"/>
• Deed Poll completed and signed by next of kin	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Intestate – combined total of account/s >\$15,000 (as at the day prior to the date of death)	B	AS
• Certified copy of Letters of Administration (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Withdrawal forms signed by next of kin (as noted in Letters of Administration for each account)	<input type="checkbox"/>	<input type="checkbox"/>
• Passbooks/cards or lost passbook/card statutory declaration completed by next of kin	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of identification for next of kin (original sighted in branch and copy stamped advising this) OR AML ID for existing members (state member number/s) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Deceased Estate Statutory Declaration completed and signed by next of kin	<input type="checkbox"/>	<input type="checkbox"/>
• Deed Poll completed and signed by next of kin	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Joint Account/s	B	AS
• Certified copy of Death Certificate (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Deceased Estate Statutory Declaration completed and signed by joint account holder	<input type="checkbox"/>	<input type="checkbox"/>
• Passbook for updating (optional)	<input type="checkbox"/>	<input type="checkbox"/>
• Deed Poll completed and signed by joint account holder	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Sole or Joint Name – Line of Credit/Overdraft	B	AS
• Certified copy of Death Certificate (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Will, Probate document or Letters of Administration document (or original photocopied and signed by staff member)	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of identification for all executor/s (original sighted in branch and copy stamped advising this) OR AML ID for existing members (state member number/s) _____	<input type="checkbox"/>	<input type="checkbox"/>
• Deceased Estate Statutory Declaration completed and signed by ALL executors	<input type="checkbox"/>	<input type="checkbox"/>
• Deed Poll completed and signed by ALL executors	<input type="checkbox"/>	<input type="checkbox"/>

Branch Use Only

Branch: _____

Staff Member: _____

Employee Code: _____ Date: / /

Signature: _____

Senior Staff Member: _____

Employee Code: _____ Date: / /

Signature: _____

Head Office Only

Account Closure

- Signatures of executor/next of kin verified
- Member number flagged as deceased
- Flag lifted from accounts for closure (if previously flagged)
- Fixed Term interest calculations completed
- Gold Term closure interest provided by Treasury (if applicable)
- Copy of deceased estate documents sent to Collections, Securities, Financial Planning, Funeral Bond (if applicable)
- Accounts closed at branch – cheques/receipts issued, passbooks returned (if applicable)
- Letter sent to member – cheques/receipts/passbooks attached
- Deceased estate details entered to register

Joint Account Amendments

- Member number flagged as deceased and any single name accounts flagged
- Deceased member name removed from account/s
- Deceased member number/s removed from account/s
- Correspondence flag changed to surviving member (if applicable)
- Account Signatories changed
- Memo on each applicable account
- Delete card/chq book register completed
- Passbooks amended at branch (if applicable)
- Letter sent to joint account holder – passbooks attached (if applicable)
- Deceased estate details entered to register
- Deceased estate statistics completed

Date received in Administration Support: / /

Date Finalised: / /

Staff Member: _____

Employee Code: _____

Signature: _____

Senior Staff Member: _____

Employee Code: _____

Signature: _____

Comments (including Legal comments if applicable):

Solicitor: _____

Signature: _____

Date: / /