



Authority to release funds from a Deceased Estate

Please note: The only purpose of this form is to release funds to pay for the Funeral Expenses of the Deceased or to pay for Probate costs for the Estate.

Next of Kin can only sign this document if the estate is Intestate.

Member number of the deceased:

I _____

of _____

do solemnly and sincerely declare that I am the executor/next of kin

of _____

who passed away on / /

I hereby request that Newcastle Permanent Building Society release the following funds from the deceased's following account number/s:

ACCOUNT NUMBER	AMOUNT	PAYEE NAME
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
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I 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 or for which it may be liable in respect of the amount/s standing to the credit of the deceased in the above account/s.

Signature of Executor/Next of Kin _____ Date: / /

Signature of Executor/Next of Kin _____ Date: / /

Office use only

Branch staff checklist:

- Funeral Invoice is attached and/or
- Letter from Solicitor or executor requesting the exact amount of Probate costs is attached
- Withdrawal form was signed by at least one executor or next of kin
- Certified copy of Photo Identification of Executor/Next of Kin obtained and attached e.g. Drivers Licence or Passport
- Cheque/s have been made payable to the Funeral Director and/or the NSW Supreme Court (for Probate Costs)
- Completed form and documents to be forwarded to Administration Support department
- If amount of funeral invoice is \$15,000.00 or more please contact Administration Support department on 02 4927 4314 for further information, prior to processing.

Date: / /

Branch: _____

Staff member: _____

Senior staff member: _____

Employee Code:

Employee Code:

Signature: _____

Signature: _____