|  |  |
| --- | --- |
| Deceased Member Advice |  |

| **On completion please forward to the Deceased Accounts Officer** |
| --- |
|  |
| Branch Name:       |  | Date:    /    /      |
|  |
| **Member Details** |  |
|  |
| Deceased Member Name:       |
|  |
| Address:       |
|  |
| Suburb/Town:       State:     Postcode:      |
|  |
| Date of Member’s Death:    /    /      |  |
|  |
| **Confirmation of Death** |  |
| **Please indicate which of the following documents are attached (documents must have original certification):** |
| [ ]  Death Certificate (mandatory) | [ ]  **\*** Probate Parchment (if Will exists) | [ ]  Original Registrar’s Certificate (SA) |
| [ ]  **\*** Letter of Administration (if no Will) exists) | [ ]  Letter from Solicitor/Trustee Company | [ ]  Will (certified copy) |
| [ ]  Confirmation to be forwarded |  |  |
|  |
| **\*Required where assets are over $50,000.** |
|  |
| **Member Assets** |  |
|  |
| Member Numbers: |       |  |       |  |       |
|  |
| **Payment of Funds** |  |
| [ ]  Transfer to Alliance Bank Estate Account: |        |  |
|  |
| [ ]  Chq to Estate of |         |
|  |
| [ ]  Chq to Executor of Estate of |        |
|  |
| **No EFT’s to Outside institutions.** |
|  |
| **Executor/s or Administrator/s Signatures** |  |
|  |
| Name:       |  | Signature: |
|  |
| Address:       |
|  |
| Phone Number:       |  |
|  |
| Name:       |  | Signature: |
|  |
| Address:       |
|  |
| Phone Number:       |  |  |
|  |
| **For further details please refer to Deceased Accounts in Brief AP019** |
|  |
| **Comments/Contact Details** |  |
|  |
|       |
|  |
| Staff Name:       |  | Staff Number:       |