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| Deceased Member Advice |  |

| **On completion please forward to the Deceased Accounts Officer** | | | | | | | | | | | | | | | | |
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| 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.** | | | | | | | | | | | | | | | | |
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| **Member Assets** | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Member Numbers: |  | | | |  |  | | | | |  | |  | | | |
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| **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.** | | | | | | | | | | | | | | | | |
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| **Executor/s or Administrator/s Signatures** | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name: | | | | | | | |  | Signature: | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name: | | | | | | | |  | Signature: | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Phone Number: | | | | | | | |  |  | | | | | | | |
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| **For further details please refer to Deceased Accounts in Brief AP019** | | | | | | | | | | | | | | | | |
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| **Comments/Contact Details** | | | | | | |  | | | | | | | | | |
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| Staff Name: | | | | | | | | | | | |  | | Staff Number: | | |