

# Claim for a Deceased Customer's Accounts



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This form is to be completed by a person entitled to claim a deceased customer's deposits. If multiple people are making a joint claim, they should each complete a separate form. Summerland retains the right to set off any credits the deceased customer has with any debits. **Please provide us with a certified copy of the deceased customer's death certificate.**

## About the deceased customer

Full Name

Date of Death

**Please provide information about the deceased customer's living children, parents and partner.** Attach another piece of paper if you need more space. We obtain this information to make sure the deceased customer's funds go to the right person(s).

Full Name

Relationship to Deceased Customer

Full Name

Relationship to Deceased Customer

Full Name

Relationship to Deceased Customer

Full Name

Relationship to Deceased Customer

Did the deceased customer leave a will?

*If so, please provide a certified copy.*

Yes  No

Does the estate intend to obtain a grant of probate or letters of administration?

*If so, please provide a certified copy.*

Yes  No

## About you

Full Name

Date of Birth

Residential Address

Street

Suburb/Town  State  Postcode

Telephone

**If you have engaged a solicitor to act for you, please provide their details.**

Full Name

Firm or Business Name

Postal Address

Box number

Suburb/Town  State  Postcode

Telephone

## Payment information and authorisation

By completing this form, you authorise and instruct Summerland Credit Union to:

send a cheque for the deceased's assets to your residential address, or your solicitor's postal address if you have provided one, **or**

transfer the funds electronically into the following account:

Account Name

Account Number  BSB

# Verifying your identity

The *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth) requires Summerland to identify you. **Please attach a certified copy of your ID document(s) to this form.**

A person able to certify documents must examine each copy and original identification document, then certify the copy of the document by writing 'I certify this to be a true and correct copy of the original document', recording his or her signature, full name and the date. They must also complete the information at the bottom of this page.

## Acceptable Identification Documents

You must provide one document from List A, or one document List B and another from List C. All documents must be current unless otherwise noted.

### List A

- Australian or New Zealand Driver Licence
- Proof of Age Card issued by an Australian government
- Australian Passport (*current or expired for less than 2 years*)
- International Passport (*that (i) includes a photograph and signature of the person; (ii) is issued by a foreign government, the United Nations or a UN agency; and (iii) is accompanied by a translation by an accredited translator, if not in English*)

### List B

- Australian Birth Certificate or extract
- Overseas Birth Certificate (*that (i) is issued by a foreign government; and (ii) is accompanied by a translation by an accredited translator, if not in English*)
- Australian Citizenship Certificate
- Centrelink Pension Card or Healthcare Card (*these documents must show the applicant's residential address*)

### List C

- Tax Assessment Notice issued by the ATO in the last 12 months
- Australian rates notice or utility bill issued in the last three months (*the bill must be for water, gas, electricity, telephone or internet service*)
- Australian government notice that shows the applicant receives government benefits (*e.g. Austudy, Disability Support Pension, Age Pension*)

## Who can be a Certifier?

1. Accountant\*
2. Finance industry employee (including in a bank, credit union or finance company) with 2 or more years of continuous service
3. Government employee with 2 or more years of continuous service in a Commonwealth, state, territory or local government authority
4. Judge, magistrate, registrar or deputy-registrar of a court
5. Justice of the Peace
6. Legal practitioner\*
7. Medical practitioner\*
8. Notary public
9. Pharmacist\*
10. Police officer
11. Post office worker with 2 or more years of continuous service
12. Teacher
13. Veterinary surgeon\*

\*These persons must be licenced or registered to practice their occupation in Australia.

If you are overseas, police officers and judges, magistrates, registrars and deputy-registrars of a court can certify your documents.

## About the Certifier

Full Name

Telephone

Profession

Signature

Date

Authenticating Stamp or Registration Number

# Statutory declaration and indemnity

I, (full name of claimant)

Telephone

Date of Birth

Of (residential address)

Street name and number

Suburb/Town

State

Postcode

do hereby claim to be entitled to the deceased's assets held by Summerland Credit Union Limited ('Summerland') as the (relationship to deceased, e.g. son, daughter, spouse, executor, etc.)

and undertake to hold Summerland indemnified against all actions, suits, claims or demands which may be brought or made upon Summerland and also against losses, costs, charges and expenses that Summerland may incur or be liable for in respect of the said assets or proceeds; and

I acknowledge that the information, payment and authorities instructions I have provided now or previously to Summerland are true and correct.

## I do solemnly and sincerely declare that:

(a) the statements in this claim are true and correct in every particular;

(b) the deceased described in the Certificate of Death registration number

was the owner of the deposits to which this claim is subject and held by Summerland Credit Union Limited;

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900* (NSW) or *Oaths Act 1897* (Qld), depending on my location.

Signature of declarant

(sign in the presence of an authorised witness)

Date

## Witness to the statutory declaration:

Declared at (place)

before me

(full name of witness)

of

(address of witness)

a

(qualification or occupation)

Signature of witness

Date

## For NSW declarations:

Certify the following matters concerning the making of this statutory declaration by the person who made it:

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.

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:

## Don't forget...

Remember to attach a copy of any will, death certificate, grant of probate or letters of administration you have. We may ask you to obtain a grant if you haven't already.