

AUTHORITY TO CLOSE DECEASED'S ACCOUNT(S)



At AWA Alliance Bank we appreciate losing a family member is heart breaking and we understand you're dealing with a lot right now, so we've developed this form to make it as simple as possible to settle the deceased's Member's estate.

This form:

- Allows the personal representatives (i.e. executor(s) or administrator(s)), to authorise AWA Alliance Bank to finalise a deceased Member's estate, combine accounts, close accounts and pay the funds to the estate of the deceased Member.
- Must be signed by all personal representatives of the estate.

Personal representative(s) who are not existing AWA Alliance Bank Members, are required to provide photo identification (such as a driver's licence or passport). If posting identification to us, please ring 1300 056 953 during normal business hours so that we can provide details of the certified method of identification which is available.

By completing and signing this form, the personal representatives authorise AWA Alliance Bank to close the deceased Member's solely held deposit accounts with AWA Alliance Bank, payout or partially repay any unsecured debts owing to AWA Alliance Bank in the deceased sole name and to pay the remaining funds, if any, to the Estate of the deceased Member

Section 1 - Deceased Member's Details

Deceased's Full Name _____
Date of Death / / Deceased Member No. _____

Section 2 - Deceased's Accounts held with AWA Alliance Bank (e.g. deposit, savings, loans or credit cards)

Please complete the AWA Alliance Bank account details held solely in the Deceased's name.

Account Number	Account Type (e.g. deposit, credit card, loan)	Account Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3 - Authorisation to close the Deceased's deposit account/s and distribution of Funds

I/We, the personal representative(s) of the estate, as detailed in Section 4, by signing this form in Section 4, authorise and request AWA Alliance Bank to: **(a) close all deposit accounts** held solely in the Deceased's name; and **(b) clear any debts** held solely by the Deceased in relation to personal loans, credit cards, overdrawn transaction accounts and the like; and **(c) distribute the balance** of the estate funds as follows: _____ (Please tick applicable box and complete).

By transfer to AWA Alliance Bank Account Number: _____
 By cheque payable to the Estate of: _____

Section 4 - Personal Representative/s of the Estate: Personal Details and Signatures

Full Name _____
Address _____

Identification AWA Alliance Bank Customer No: _____ Certified Copy of ID attached

Signature of Representative 1: Date signed: / /

Full Name _____
Address _____

Identification AWA Alliance Bank Customer No: _____ Certified Copy of ID attached

Signature of Representative 2: Date signed: / /

Full Name _____
Address _____

Identification AWA Alliance Bank Customer No: _____ Certified Copy of ID attached

Signature of Representative 3: Date signed: / /

Office Use Only	Date Signed Form received	/ /	Certified documents as ticked in Section 3 attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ADM	Branch	ID of all Personal Representatives verified	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return this completed and signed form together with Identification, if applicable, to any AWA Alliance Bank branch or post to the address below:

Further information on Deceased Estates is available online at: www.awaalliancebank.com.au