

# Authority To Release Assets

#### **Purpose of this form**

For estate representative(s) to authorise the Bank to reimburse or make payments in relation to funeral or estate expenses, and/or disburse funds and settle the estate. If you would like support with completing this form, please call us on 1800 686 153, Monday to Friday 8.30am to 6:30pm (Sydney time), or visit a branch.

#### $\langle \bigcirc$ What you need to know and do:

- The Bank has the authority to combine accounts in order to clear any debts held solely by the deceased relating to credit cards, personal loans, overdrawn transaction accounts and the like. For further information on how we treat accounts and cards belonging to the deceased please visit www.commbank.com.au/support/deceased-estates
- As a general practice we do not charge fees to finalise deceased estates, however fees apply where foreign currency transactions and International Money Transfer are required.
- All copies of documents must be certified (documents can be certified by our branch staff). Please note, if you have given these documents to us previously (including your identification documents), you do not have to supply them again.
- Privacy Notice we collect your name, contact and other details to confirm your identity and to support the finalisation of the deceased customer's estate. More information about how we collect and handle your personal information, including how you can access your personal information or make a complaint, is available in our Group Privacy Statement at www.commbank.com.au/privacy
- If the deceased held products with us that are now issued or administered by AIA Australia Limited (AIAA), Colonial First State (CFS), or Hollard Insurance Partners Limited (Hollard) we will need to share your personal information with AIAA, CFS and/or Hollard so they can contact you about servicing your request for those products. By submitting this form, you consent for us to share your full name, postal address, phone number and your relationship to the deceased with AIAA, CFS and/or Hollard. If you do not wish to share your information with AIAA, CFS and/or Hollard then please contact 1800 686 153, Monday to Friday, please do not submit this form.
- Once you've completed this form, follow the 'Next Steps' to provide us with this form and required documents.

#### Section 1 - Deceased customer details

#### Full name

To help us with identification, please provide additional details via one of the following options:

Option 1 Provide a file reference number, or customer identification number

- **Option 2** Provide additional customer details:
  - Provide CBA account number(s), if known

Address

State

Postcode

Date of Birth (DD/MM/YYYY)

	Section 2	– Will/Pr	obate det	<b>ails</b> (this	s helps us	s decide what do	ocum	nents will be required t	o finalise	the estat	e's accoun	ts)		
	Is there a V	Vill?	Yes	No	Unsure									
	If answ	ered " <b>No</b> "	or " <b>Unsu</b>	<b>re</b> " to all	the abov	e questions, co	nfirm	n deceased customer's	relations	hip statu	s:			
	Wic	lowed	Married	l / Separ	ated	Never Married	l	De Facto Relationshi	o / Dome	stic Partn	ership	Divor	rced	
	Length of time the deceased was separated, divorced or in a de facto relationship: years months													
	Has anyon	e applied	(or is inte	nding to	apply) fo	or Probate or Let	tters	s of Administration?	Yes	No	Unsure			
5 130223	Please Note:     A Grant of Probate is a document issued by the Supreme Court that confirms the validity of a Will, and authorises								of 5					
002-805	the executor(s) to act. Alternatively, <b>Letters of Administration</b> may be granted by the Supreme Court giving authority to an administrator to finalise the estate (e.g. if there isn't a Will).													

Section 3 – Payment and Settlement Details	(you must	provide details for	<sup>r</sup> 3a and/or	3b for	r this form to be p	rocessed)
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#### Part 3a - Funeral and Estate Expense Payment or Reimbursement (if applicable)

## Please Note:

Expenses paid/reimbursed must relate to the estate. Reimbursements will only be repaid to the person who has effected the payment, with appropriate proof of payment. Please ensure certified copies of all relevant invoices, receipts, or statements are provided. We are unable to make payments via BPAY.

I/we authorise payment of estate expenses or reimbursement to the following account(s): Account Name BSB Number Account Number

Amount (\$)

#### 1.

2.

## 3.

If required, provide any additional or alternate payment instructions, including; International Money Transfer details, requests for Bank Cheque(s), or any additional funeral or estate expense payment or reimbursement details:



## **Please Note:**

For International Money Transfer, we require recipient's full address, Account Name, Bank Name, International Bank Account Number (IBAN), Bank Identification Code (BIC), Sort Code and Currency.

#### Part 3b – Estate Settlement and Account Closure

I/we authorise combining of account balances (including outstanding credit card, personal loan and overdrawn account balances), closure of the accounts held on behalf of the estate, and to disburse funds to the following accounts:

Account Name	BSB Number	Account Number	Payment Split %
1.			

2.

З.

Should add up to 100%

If required, provide any additional or alternate payment instructions, including; International Money Transfer details, requests for Bank Cheque(s), or specific payment to be made prior to the split and disbursal of remaining funds:



### **Please Note:**

For International Money Transfer, we require recipient's full address, Account Name, Bank Name, International Bank Account Number (IBAN), Bank Identification Code (BIC), Sort Code and Currency.

Section 4	- Authority to Release Assets and Ack	nowledgment		
	Please Note:			
	If there is more than one estate represe alternatively each additional claimant w matching payment instructions) or <b>Cor</b>	vill need to provide a separate A	uthority to Release	e Assets form (with
Payment	Authorisation and Acknowledgment:			
	roduction of a Grant of Probate of the W			
	indemnify the bank against any actions of undertake to reimburse the bank for this			
Title	Administrator/Claimant 1 Full Name			
Residentia	al Address (not PO Box)			
			State	Postcode
Postal Ad	dress or PO Box – (if you would rather we	e send correspondence there)		
			State	Postcode
Best Cont	act Number Email (optional)			Date of Birth (DD/MM/YYYY)
To satisfy	Government Regulations it is necessary	for the Bank to identify signator	ries of an estate, via	one of the below options:
-	■ 1 ▶ Provide one of your existing CBA ac		,	· · · · · · · · · · · · · · · · · · ·
-	<b>2</b> Provide this form along with accep		to staff at a CBA bi	ranch for certifying (or you have
	previously provided identification d			
Optio	<b>3</b> Provide (or have previously provide	d) a Certified Copies Identifica	<b>tio</b> n form, along wi	th certified copies of your
	Identification documents.			
l acknowl	edge the information and payment instru	ctions I/we have provided are c	orrect.	
*Signatur	e	Date (DD/MM/YYYY)		
Executor/ Title	<b>Administrator/Claimant 2</b> (if applicable) Full Name			
Residentia	al Address (not PO Box)			
			State	Postcode
Best Cont	act Number Email (optional)			Date of Birth (DD/MM/YYYY)
To satisfy	Government Regulations it is necessary	for the Bank to identify signator	ries of an estate, via	<b>one</b> of the below options:
Optio	1 > Provide one of your existing CBA ad	ccount numbers:		
Optio	Provide this form along with accep previously provided identification d			
Optio	<ul> <li>Provide (or have previously provide Identification documents.</li> </ul>	d) a Certified Copies Identifica	<b>tio</b> n form, along wi	th certified copies of your
l acknowl	edge the information and payment instru	ctions I/we have provided are c	orrect.	
*Signatur	e	Date (DD/MM/YYYY)		

Section 4 -	Authority to Release Assets and	Acknowledgment					
<b>Executor/A</b> Title	<b>dministrator/Claimant 3</b> (if applica Full Name	able)					
Residential	Address (not PO Box)						
			State	Postcode			
Best Conta	ct Number Email (optiona	al)		Date of Birth (DD/MM/YYYY)			
To satisfy G	overnment Regulations it is necess	sary for the Bank to identify signatories	s of an estate, via	one of the below options:			
Option 2	1 Provide one of your existing CE	3A account numbers:					
Option 2		cceptable identification documents to a ion details and had a customer profile o					
Option 3	<b>Option 3</b> Provide (or have previously provided) a <b>Certified Copies Identificatio</b> n form, along with certified copies of your Identification documents.						
l acknowled	lge the information and payment in	nstructions I/we have provided are corr	ect.				
*Signature		Date (DD/MM/YYYY)					
<b>Executor/A</b> Title	<b>dministrator/Claimant 4</b> (if applica Full Name	able)					
Residential	Address (not PO Box)						
Best Conta	ct Number Email (optiona		State	Postcode Date of Birth (DD/MM/YYYY)			
Option : Option : Option :	<ol> <li>Provide one of your existing CE</li> <li>Provide this form along with ad previously provided identificati</li> <li>Provide (or have previously pro Identification documents.</li> </ol>	sary for the Bank to identify signatories BA account numbers: cceptable identification documents to ion details and had a customer profile o wided) a <b>Certified Copies Identification</b> nstructions I/we have provided are corre	staff at a CBA br created in branch n form, along wit	ranch for certifying (or you have n as part of this process)			
*Signature		Date (DD/MM/YYYY)					
	<ul> <li>documents in Branch)</li> <li>Mail this form with certified cop documents to: <ul> <li>Processing Services</li> <li>Estate Settlement &amp; Suppo</li> <li>PO BOX 334</li> <li>Silverwater NSW 2128</li> <li>Australia</li> </ul> </li> </ul>	nis form and required supporting docur pies (DO NOT SEND ORIGINAL DOCU ort provide confirmation on the outcome	JMENTS) of all r	equired supporting			
		·					

#### Bank use only

### **Customer Identification Verification**

If the Executor/Administrator/Claimant has an existing CommSee profile ensure their identification details and signature are up to date (if they are not, follow the **KYC refresh** process) and ensure an **Account Number** or the **Customer Identification Number** is captured in Section 4 of this form (under option 1).

If a profile does not exist, and the Executor/Administrator/Claimant has also not provided a **Certified Copies Identification** form, capture the identification details below:

#### Executor/Administrator/Claimant 1

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date
Verification has been performed for the customer Full name, and Date of birth, or Residential Address					
Bank Officer's name		Bank Officer's Signatue		Date (DD/MM/YYYY)	

## Executor/Administrator/Claimant 2

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date
Verification has been pe	l erformed for the custom	er Full name, <b>and</b> I	Date of birth, <b>or</b> Re	esidential Addres	s
Bank Officer's name		Bank Offic	cer's Signatue	Date (D	D/MM/YYYY)

#### Executor/Administrator/Claimant 3

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date
Verification has been pe	rformed for the custom	er Full name, <b>and</b> I	Date of birth, <b>or</b> Re	l esidential Addres	s
Bank Officer's name		Bank Offic	cer's Signatue	Date (D	D/MM/YYYY)

#### Executor/Administrator/Claimant 4

Document type	Document number	Name on document	Place of issue	Issue date	Expiry date
Verification has been pe	erformed for the custom	er Full name, <b>and</b>	Date of birth, <b>or</b> Re	sidential Addres	S
Bank Officer's name		Bank Offic	cer's Signatue	Date (D	D/MM/YYYY)

## O Please Note:

This form and any other documents provided by the informant must be imaged onto the deceased customer's profile under Category '**Deceased Estates**', Types '**Documents**', Comments '**Deceased**' using one cover sheet. The customer facing team member collecting them must certify all documents.