

We're sorry.

In what's always a difficult time, we've tried to make our paperwork as easy as possible for you.

This form

- Allows you, the deceased's immediate next of kin, to give us the authority to finalise their estate, close their accounts, and release the funds
- Must be signed by each person making a claim on the estate
- Needs to be accompanied by **certified copies** of the following supporting documents:
 - Full Death Certificate
 - Each next of kin's photo ID (such as a driver's licence or passport) if they're not a NAB customer
 - A document that proves your relationship to the Deceased, such as a marriage certificate or birth certificate.

We're here to help.

If you have any trouble completing it, just call us on 1300 911 451. We're here between 8am – 5pm (Australian Eastern Standard Time) weekdays, and we're always happy to help.

Section 1 Deceased customer details

Deceased's Name

Date of Death

NAB Deceased Reference No.

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Section 2 Acknowledgements and declarations (So we know you are acting within your powers)

I/we (the next of kin) declare that to the best of my/our knowledge:

2.1 Select one of the following:

-
- The Deceased did not leave a valid Will
 - No application has been made and we do not intend to apply for Letters of Administration
 - No other person intends to apply for Letters of Administration
-
- The Deceased did not leave a valid Will
 - I/we have obtained Letters of Administration

What is an invalid Will?

If there is a will, but

- no executor is appointed
- the executor died before the deceased or died before fulfilling their obligations under the will
- the executor has renounced their obligations;

the Will may be called invalid. If this is the case, please contact us for further information in regard to our requirements

2.2 The financial assets and liabilities of the Deceased's estate with NAB are:

Account Number	Account Type	Account Balance
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

2.3 Because I/we am/are the **next of kin** of the Deceased I/we claim to be entitled to the net proceeds of the Deceased's accounts.

My/our relationship to the Deceased is as follows:

- Spouse (wife/husband) Parents (mother/father – both are required to sign this form) Children (over 18 – all are required to sign this form)
 Domestic Partner Siblings (brother/sister – all are required to sign this form) Other

We ask this to make sure there is no-one else that would have a right to make this claim.

Please note that **both Parents**, or **all Children** and **all Siblings**, as shown on the Death Certificate are required to co-sign. If there are more children/siblings than just you, please ensure all sign this form.

2.4 To the best of my/our knowledge, the Deceased did not leave a survivor with more entitlement to funds as next of kin.

2.5 In consideration of NAB paying the net proceeds of the Deceased's accounts to me:

- I understand that I will be required to provide certified copies of documents as proof of my/our relationship to the Deceased (e.g. Marriage certificate, Birth certificate etc.) and
- I understand that I will be required to verify who I/we am/are prior to NAB releasing any surplus funds and
- My successors and assigns, jointly and severally, indemnify NAB, on demand, against all liabilities, losses, damages, claims, demands, proceedings, judgements, charges, costs and expenses which may at any time be incurred by NAB or brought against NAB by any person on account of or in respect of this payment to me.

Section 3 Your identification (This is a Government Requirement)

We'll need proof you're who you say you are. We're sorry we have to be so suspicious, but it's the only way we can keep the deceased's account safe. So each Next of Kin needs to provide us with either of the following:

Option 1:

- One of your existing NAB account numbers

Option 2:

- A certified copy of your photo ID (such as your driver's licence or passport)

Section 4 Closing the accounts and distribution of funds

A. Closure

As next of kin for the estate, I authorise and request closure of all accounts. By signing below, I authorise NAB to combine accounts and clear any debts held solely by the Deceased in relation to personal loans, credit cards, overdrawn transaction accounts and the like.

B. Distribution of funds – How do you want the payments to be made?

- By electronic funds transfer into the following NAB account (quickest option)

Name

BSB number

Account number

<input type="text"/>	<input type="text"/>
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- By electronic funds transfer into the following account (allow up to 2 business days from when the accounts are closed):

Name

BSB number

Account number

<input type="text"/>	<input type="text"/>
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Receiving bank name

Warning: Please ensure all details are correct. NAB cannot check the account name matches the BSB or account number. An incorrect BSB or account number will result in your money being paid to the wrong account and may result in the loss of your funds.

- Bank Cheque made payable to (allow up to 5 business days from when the accounts are closed):

Cheque Payable to

If funds are required in a foreign currency, please nominate the currency and an international cheque will be provided. We will apply the NAB rate that applies. Fees may also apply.

Section 5 Signatures

Next of kin #1

Signature

Date

Full Name (Print)

Address

Next of kin #2

Signature

Date

Full Name (Print)

Address

Next of kin #3

Signature

Date

Full Name (Print)

Address

Next of kin #4

Signature

Date

Full Name (Print)

Address