



Deceased Customer Notification

Purpose of this form

- To advise the Commonwealth Bank of Australia (CBA) that a customer has passed away.
- To make a claim for reimbursement or payment of a funeral account for the deceased customer (if applicable).
- To authorise finalisation of the estate (if applicable).

What you need to know

- This form will be used by the Bank to identify accounts held by the deceased customer.
- Reimbursement, or payment of the funeral account, can only be paid to the person invoiced on the funeral account, the immediate next-of-kin or the Executor.
- All copies of documents must be certified. Please note, if you have given these documents to us previously (including your identification documents), you do not have to supply them again. Simply let us know which documents you have previously provided.
- If you need help completing this form, please call **1800 686 153** for assistance between the hours of 8:30am to 5:00pm, Sydney time, Monday to Friday.

What you need to do

- Complete this form. Please note if there is more than one person advising that the customer has passed away, the most immediate next-of-kin should complete this form.
- If claiming reimbursement or payment of the funeral account, attach or provide the branch a copy of the account or receipt.
- Attach or provide the branch with evidence of death (e.g. Death Certificate) and any other relevant documents you may have such as a Will.

Section 1 – Deceased customer details (this helps us match the deceased to our bank records)

What was the full name of the deceased?

What was their address?

<input type="text"/>	
State	Postcode

What was their date of birth? (if known)

What was the date of their death?

What was their marital status? (if known)

Widowed (spouse predeceased)?

Married?

Never Married?

In a de facto relationship?

Separated?

Divorced?

Please provide the deceased's account number(s) if known:

Section 2 – Your details (this enables us to reply to you)

Full given name(s)

Surname

Your residential address (required in all instances for identification purposes)

<input type="text"/>	
State	Postcode

An alternative address or PO Box (if you would rather us send correspondence there)

<input type="text"/>	
State	Postcode

Your relationship to the deceased

Your daytime phone number

Select if you hold a 'Power of Attorney' for the immediate next-of-kin (a copy will be required if not already held by the Bank)

How would you like to proceed (select the option that applies to you, option 1 or option 2)

Option 1 ▶ I would like the Bank to deal directly with the estate's Solicitor/Lawyer/Executor/Administrator (when contacted by them). Please provide details of their name (if known):

Name

Or

Option 2 ▶ I would like the Bank to deal direct with me in relation to the estate matters.

Section 3 – Will/Probate details (this helps us decide what documents will be required to finalise the estate's accounts)

Did the deceased leave a Will?

Yes No Not known

▶ If **'Yes'** the deceased left a Will, does anyone intend to apply or has anyone applied for Probate?

Yes No Not known

▶ If **'No'** the deceased did not leave a Will, does anyone intend to apply or has anyone applied for Letters of Administration?

Yes No Not known

▶ If **'Yes'** to any of these questions, when available please provide us with a **certified copy** of the original document.

Section 4 – Funeral expenses (ONLY complete if you wish the Bank to arrange payment or reimbursement of the funeral account)

We require the funeral receipt or account in order to arrange payments or reimbursement.

Do you have a copy of the funeral receipt or account?

Yes No ▶ If **'No'** proceed to Section 5.

In order to arrange the payment or reimbursement, please confirm if you are the:

Person who has paid the funeral expenses

BSB

Account number

▶ How would you like the Bank to pay you? Account

Payable to

Bank Cheque

Person invoiced on the funeral account

Executor

Immediate Next of Kin

▶ Payment will be made directly to the funeral director if requested, otherwise a Bank Cheque will be issued and made payable in accordance with the invoice.

Section 5 – Informant's authorisation to act upon this notification

Section 5a – Joint account title amendment

Do you have a joint savings or Investment account that you share with the Deceased?

Yes No ▶ If **'Yes'** Would you like us to change the names of any accounts you hold jointly with the deceased?

Yes No



Please note: This authority will enable us to change joint accounts held between you and the deceased only, where evidence of death has been provided. Account numbers will not change.

Section 5b – Combining of all accounts held solely by the deceased

Using your signature below as acknowledgement and agreement, do you authorise the Bank to combine accounts and clear any debts held solely by the deceased in relation to personal loans, credit cards and overdrawn transaction accounts and the like?

Yes No

Section 5c – Finalise Sole Assets of Estate

Using your signature below as acknowledgement and agreement, do you authorise the Bank to finalise/release funds held by the estate?

Yes No ▶ If **'Yes'** please complete below

The following information is required to comply with Government Legislation:

Please specify any other name(s) you are known by:

Your date of birth

Payable to (only include amounts if specific payments are to be made)	'Payment from' Account details	Payment Method (cheque, account transfer [include BSB/ Account number], draft, International Money transfer [include Account and IBAN number])

I acknowledge that the information and payment instructions I have provided are correct:

Signature of Informant

Date

Section 6 – Your identification (this is a Government requirement)



Please note: You only need to complete this section if you have;

- Selected option 2 (you would like the Bank to deal direct with you) in Section 2.
- Requested payment or reimbursement of a funeral account in Section 4.

Or

- Completed Informant's authorisations to act in Section 5.

To satisfy Government Regulations it is necessary for the Bank to identify you by sighting direct evidence of your identity using **one** of the following options. (Select the option for how you wish to be identified).

Option 1 ▶ Provide one of your existing CBA account numbers:

Or

Option 2 ▶ Provide acceptable identification details to us at a CBA branch for endorsing by branch staff.

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 signature

Date

Or

Option 3 ▶ Alternatively, complete a '**Certified Copies Identification** form'. You will need to provide the original and a copy of acceptable identification documents to a prescribed person who is required to complete the actions as set out in the form. (For more details on acceptable identification documents and prescribed persons, refer to Sections 4 & 5 of the Certified Copies Identification Form).



Other Important Information you need to know

- Accounts belonging solely to the deceased have been stopped to prevent further transactions, such as existing periodic payments or direct debit authorities.
- If the deceased customer held Credit Card(s) with Additional Credit Card holder(s), the additional card holder can no longer use their card(s). If the additional card holder would like a Credit Card, they will have to apply for a new Credit Card facility in their own name(s).
- Please return any Credit or Debit Cards that the deceased may have held.
- Please return any Travel Money Cards the deceased may have held.

Thank you for your time in completing this form, we will write to you shortly to advise next steps.

Deceased Customer Notification Branch Checklist



Purpose of this Branch Checklist

- This checklist has been designed to enable **Branch staff** to effectively complete all of the required steps.
- The process has been streamlined so all staff can take accountability for the process and manage it in an effective and sympathetic manner.
- It is important to ensure you follow these steps, as failure to do so may have a negative impact on the customer experience.
- Complete **all** of the applicable actions below.

If you have any questions, please call the Deceased Estate hotline on **1800 686 153** for assistance.

Checklist

Please obtain from the informant:	Provided	Outstanding
Any documents, such as the Death Certificate, the Will or Probate, and take a copy and certify the document (return the original). Submit the copy with this form. Alternately, the informant may provide staff with certified copies of the documents.	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the informant with:		
A copy of the 'Your Guide to Managing Accounts after Death' brochure (ADB487) to assist them to understand what may be required to proceed further.	<input type="checkbox"/>	<input type="checkbox"/>

1	List cards surrendered to branch (if applicable)	Record card number(s)	Card destroyed	
a	Credit card		<input type="checkbox"/> Yes	
b	Debit card		<input type="checkbox"/> Yes	
c	Travel money card		<input type="checkbox"/> Yes	
2	Product type/Client services	Record full name/number/amount of item if found. Otherwise, record nil.	Records noted	Cancel AFT
a	Safe custody/Safe deposit vault		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
b	Security Investment (Commercial Bill)			
2b	Conduct a CommSee search for accounts conducted in the sole name of the deceased		CIF number	
a	Customer CIF number found		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
b	Accounts stopped		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
c	Fees exempted		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
d	Did your branch process a funeral payment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
e	Create and send WIM to Deceased Estates		<input type="checkbox"/> Yes	
3	Name of staff member conducting search			
a	Branch name/Number			
b	Name of staff member			
Miscellaneous notes				



Please note: this form and any documents must be **faxed immediately** to Processing Services on **1300 784 293** to enable further processing to be completed. **A Work Item must also be sent (see instructions below).**

Issue CommSee Work Request (from client chevron) Select Request > Category: Client Management > Request Type: Deceased > Assign To: Processing Services Deceased Estates Notification > Template: Branch – New Deceased Notification.