

ESTATE DETAILS

Deceased customer number

Deceased account name

ACCOUNT DETAILS

Give details of the account(s) to be closed

BSB	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

BSB	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

BANK TRANSFER DETAILS*Instructions on this form must match your Solicitors directions if applicable*Account name *(Must contain the words "Estate of the Late" or be a solicitors trust account)*

BSB

Account number

Note: To credit a local bank account in a foreign currency or an overseas bank account, complete a separate Transfer of Funds form. Fees and charges apply. Refer to the Personal Banking Booklet.**INDEMNITY DECLARATION**On (date) / / I/we, the above named, do solemnly and sincerely declare as follows:

1. I/We am/are the (relationship to deceased)
of (insert name of deceased) (the 'deceased').
2. The deceased died on (date) / /
3. I/We have requested that the proceeds of the HSBC account be paid to me/us in the absence of a grant of probate or letters of administration or reseal of grant of probate or reseal of letters of administration having been provided to HSBC.
4. I/We do not intend to apply for probate or letters of administration or a reseal of a grant of probate/letters of administration for the following reasons:

I/We note that HSBC will rely on the information I/we have contained in this declaration in closing the aforementioned account(s) and paying the proceeds.

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INDEMNITY AND RELEASE

I/We indemnify and keep indemnified HSBC Bank Australia Limited, its parent company HSBC Bank PLC and its subsidiaries, against all proceedings, claims, actions, demands, costs and expenses whatsoever which may arise from the payment of money from the HSBC Account(s) to us pursuant to or brought against it by reason of compliance with this request, declaration and direction.

Signature

X

Date

/ /

Signature

X

Date

/ /

Print name

Print name

Signature of Witness

X

Date

/ /

Signature of Witness

X

Date

/ /

Print name

Print name