



# Deceased customer notification.

Mail: ME Deceased Estate Administration, PO Box 1345, Melbourne, VIC 3001.  
Any questions? Call ME on **1300 406 372** Mon to Fri 9am-4pm (AEST/AEDT)  
or visit [mebank.com.au](http://mebank.com.au)

## How to use this form.

- Please complete this form to let us know that one of our customers has passed away.
- Please return the form along with certified copies of supporting documents (if available).

**Important – the form should be completed by the customer's closest next of kin or the executor.**

## Section 1 – deceased customer details.

Title (Mr/Mrs/Miss/Ms/Other)  Given name(s)  Family name

Residential address (we can't accept a PO Box address)

Date of birth         Date of death         ME account number (if known)

Marital status :  Married  Widowed  Never married  De facto  Separated  Divorced

Length of time that the deceased was separated, divorced, or in a de facto relationship (if applicable)

## Section 2 – evidence of death. (please tick the appropriate box)

- I've attached a certified copy of the full death certificate.
- I've attached other evidence (e.g. a certified copy of the medical certificate or coroner's report, or a copy of the funeral invoice).  
Please send a certified copy of the full death certificate when it becomes available.

## Section 3 – will. (please tick the appropriate box)

- Do you intend to apply for probate or Letters of Administration? ▶
- Yes  No
- I've attached a certified copy of the will.
- I'll send a certified copy of the will when available.
- There is no will.

**Probate** is granted by the Supreme Court to confirm the last will of a deceased person is valid and gives the appointed executor the authority to act on behalf of the estate. All estates valued at more than \$25,000 require probate.

**Letters of Administration** are granted by the Supreme Court to appoint an administrator of the estate. They are required when the deceased has not left a will and the estate is valued at more than \$25,000.

## Section 4 – your details.

Title (Mr/Mrs/Miss/Ms/Other)  Given name(s)  Family name

Residential address (we can't accept a PO box address)

Home phone         Work phone         Mobile phone

Relationship to the deceased  Are you already a ME customer?  
 Yes ▶ Account number

Are you the:  
 Next of kin  Executor  Administrator  
 No ▶ Complete the attached ID form

**Section 5 - solicitor details.** (if there is a solicitor or lawyer dealing with the estate)

Title (Mr/Mrs/Miss/Ms/Other)	Given name(s)	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business name		
<input type="text"/>		
Address		
<input type="text"/>		
		State
		Postcode
Contact number	Email address	
( <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"/>	

**Section 6 - your signature.** (to be signed by the person completing this form)

Print name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



# Identity verification (deceased estates).

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or visit **mebank.com.au**

## How to use this form.

**Step 1** complete either **option a, b or c.**

**Step 2** please have your document(s) certified by one of the persons listed on page 2 of this form.

**Step 3** mail the completed form along with **certified copies** of identification document(s) to ME.

### Option a.

(supply one primary photographic identification document)

### Option b.

(supply one primary non-photographic identification & one secondary identification document)

### Option c.

(supply two primary non-photographic identification documents)

#### Primary photographic identification document:

- Driving licence or permit (Australian only)
- Passport or similar document issued for international travel (Australian or foreign\*)
- Proof of Age card (Australian only)
- National identity card issued by a foreign government or United Nations

#### Primary non-photographic identification document:

- Birth certificate (Australian or foreign)
- Birth extract (Australian only)
- Citizenship certificate (Australian or foreign)
- Pension card issued by Centrelink

#### Secondary identification document (Australian only):

- Government financial benefits notice (issued within the last 12 months)
- Australian Tax Office notice of assessment (issued within the last 12 months)
- Local government or utilities bill (issued within the last three months)

All documents **must** be current (with the exception of Australian passports expired within the last two years but not cancelled) and contain the applicant's full name, date of birth **or** current residential address.

\*Foreign documents **must** be in English.

**Important – please remember to have your document(s) certified by one of the approved persons listed on page 2 of this form.**

## Your details.

Title (Mr/Mrs/Miss/Ms/Other)  Given name(s)  Family name

Residential address (we can't accept a PO box address)

State  Postcode

Date of birth  Password (5-9 characters)  Occupation

Please pick a password so we can ID you when you call.

Are you an Australian citizen?  No ▼  Yes ► Go to 'your signature'

Complete the information below if you are not an Australian citizen:

Are you a permanent resident?  No ▼  Yes ▼

Current passport number  Country of issue  Visa subclass details

## Your signature.

Signature  Date

**Note** – it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) to provide false or misleading information or to produce false or misleading documents.

**Privacy** – the information provided by you on this form to verify your identity is collected in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth). Information may be disclosed to the Australian Transaction Reports and Analysis Centre (AUSTRAC) or as other legislation allows or requires.

**The following approved persons can certify a document as a true copy of an original.**

- Medical Practitioner
- Nurse
- Minister of religion
- Pharmacist
- Bailiff
- Police officer
- Justice of the Peace
- Legal practitioner
- Sheriff or Sheriff's officer
- Bank officer\*\*
- Registrar or Deputy Registrar of a court
- Officer or authorised representative of a holder of an Australian financial services licence
- Judge, Master or Clerk of a court
- Australian consular or diplomatic officer
- Veterinary surgeon
- Physiotherapist
- Member of:
  - CPA Australia
  - the Institute of Public Accountants
  - Chartered Accountants Australia and New Zealand
  - Engineers Australia (other than the grade of student)
- Employee of the Commonwealth or Australian Trade Commission in a country or place outside Australia
- Senior Executive Services employee, permanent employee\*, or parliament member of the Commonwealth, the Parliament of a State Territory legislature or local government authority of a State or Territory
- Australian Defence Force officer, non-commissioned officer\* or warrant officer
- Australia Postal Corporation agent in charge of a postal office, or permanent employee in a post office\*\*
- Permanent full-time or part-time teacher at a school or tertiary education institution, school principal or dean

\* with two or more years of continuous service

\*\* with five or more years of continuous service

**ME use only**

Verifying officer to complete sections 1 and 2.

**Section 1 – record of identification document(s) received.**

ID record	Document 1	Document 2 (if applicable)
Full name verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residential address verified	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified from	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy
Copy of ID document	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached (go to Section 2)    (complete details below)	<input type="checkbox"/> Attached <input type="checkbox"/> Not attached (go to Section 2)    (complete details below)
Type of document (e.g. passport)	<input type="text"/>	<input type="text"/>
Document number (if applicable)	<input type="text"/>	<input type="text"/>
Date of issue (if applicable)	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>
Place of issue (if applicable)	<input type="text"/>	<input type="text"/>
Expiry date (if applicable)	<input type="text" value="DDMMYYYY"/>	<input type="text" value="DDMMYYYY"/>

**Section 2 – verifying officer details.**

I confirm that I have sighted original or certified documentation and have verified the individual's full name and either date of birth or current residential address.

Name of verifying officer

Signature

Date