

## Deed of indemnity form.

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** 

## Complete this form if:

- you are the executor or administrator of the estate; and
- · you are not applying for Grant of Probate or Letters of Administration; and
- you are requesting ME to release assets held in the estate.

Important – a separate Deed of Indemnity form must be completed by all authorised signatories of the estate.

| Payment instructions.   |                                 |                   |
|---|---------------------------------|-------------------|
| In my capacity as the executor/administrator of the estate, I request ME to   | release funds by bank transfer. |                   |
| Name of financial institution   |                                 |                   |
|   |                                 |                   |
| Full account name   |                                 |                   |
|   |                                 |                   |
| BSB number Account number   |                                 |                   |
| Declaration.  |                                 |                   |
| l (print full name)   |                                 |                   |
|   |                                 |                   |
| Of (residential address)  |                                 |                   |
|   |                                 |                   |
|   | State                           | Postcode          |
|   |                                 | Tostcode          |
|   |                                 |                   |
| declare I am the executor/administrator of the estate of the late (print full name of deceased)   |                                 |                   |
|   |                                 |                   |
| Ot (residential address of deceased)  |                                 |                   |
|   |                                 |                   |
|   | State                           | Postcode          |
| I undertake to first apply the funds in payment of any debts held by the deceased and promise to further agree to hold ME indemnified from and against all liabilities, losses, costs, fees and expenses or damages ME may sustain or incur or be put to in connection with or in consequence of ME paying these funds. |                                 |                   |
| Print name Sig  | nature                          | Date              |
|   |                                 | D D M M Y Y       |
|   |                                 |                   |
| <b>Witness.</b> (signature must be witnessed by a person who is not the next of kin or administrator of the estate)   |                                 |                   |
| Print name Sig  | nature                          | Date  D D M M Y Y |
| Residential address (we can't accept a PO Box address)  |                                 |                   |
|   |                                 |                   |
|   | State                           | Postcode          |