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Authority To Release Assets

Purpose of this form

For estate representative(s) to authorise the Bank to reimburse or make payments in relation to funeral or estate expenses, and/or disperse funds and settle the estate. If you would like support with completing this form, please email us at operations@unloan.com.au.

What you need to know and do:

- This form should be completed by the deceased's representative (e.g. Estate Executor or Next-of-Kin, or co-borrower).
- As you are providing personal and possibly sensitive personal information, in the Death Certificate, please remember, while we take strict precautions to protect your information, email does contain a risk of unauthorised access.
- We will suspend access to the account/s and any redraw from the deceased's log in credentials to prevent unauthorised access to the accounts.
- If the deceased held a life insurance policy, you should contact the insurer to find out whether you can lodge a claim.
- All supporting evidence must be certified, (i.e. death certificate, Will, Letters of Administration or Probate) and emailed to us at operations@unloan.com.au. If you are having difficulty obtaining a death certificate, or the death certificate is not in English, please contact us to discuss alternative documents that may be acceptable (for example, a verified copy of a medical report).
- Privacy Notice We collect your name, contact details and relationship to the deceased so we can identify the deceased customer's details and confirm your identity as an informant of the deceased. More information about how we collect and handle your personal information, including how you can access your personal information or make a complaint, is available in our Privacy Policy at: https://www.unloan.com.au/important-information/privacy.
- Once you have completed this form, follow the 'Next Steps' to provide us with this form and required documents.

Section 1 – Deceased c	ustomer o	letails									
Full name											
Address											
Address											
								State	e	Postcode	
					-						
Date of Birth (DD/MM/Y	YYY)										
Section 2 – Will/Proba	te details	(this helps	us decid	le what d	ocuments w	/ill be r	equired to	finalise the	estate's acc	counts)	
Is there a Will?	Yes	No	Unsur	e							
If answered "No" or "U	nsure " to	the above	question	n, confirm	n deceased	custom	er's relatio	nship statu	s (choose al	I that apply):	
Widowed		ied / Separa			⁻ Married				Domestic F		Divorced
Length of time the dece	eased was	separated,	, divorce	ed or in a	de facto rel	ationsh	nip: ye	ars moi	nths		
Has anyone applied (or	is intendi	ng to apply) for Pro	bate or L	etters of Ac	dminist	ration?	Yes No I	Unsure		
Please Note:											

A **Grant of Probate** is a document issued by the Supreme Court that confirms the validity of a Will and authorises the executor(s) to act. Alternatively, **Letters of Administration** may be granted by the Supreme Court giving authority to an administrator to finalise the estate (e.g. if there isn't a Will).

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Section 3 – Funeral and Estate Expense Payment or Reimbursement

P	lease	N	lote:

The below account details are for the reimbursement of funds, not the deceased customer details. Expenses paid/reimbursed must relate to the estate. Reimbursements will only be repaid to the person who has affected the payment, with appropriate proof of payment. We are unable to make payments via BPAY*.

I/We authorise payment of estate expenses or reimbursement to the following account(s):

	Account Name	BSB Number	Account Number	Payment amount \$
1.				
2.				
3.				

Section 4 - Authority to Release Assets and Acknowledgment

Please Note:

If there is more than one estate representative, then each person must provide their details and sign below; or alternatively each additional claimant will need to provide a separate **Authority to Release Assets form** (with matching payment instructions) or **Consent by a Beneficiary/Executor/Next-of-kin** form.

Payment Authorisation and Acknowledgment:

Without production of a Grant of Probate of the Will, or Letters of Administration of the estate:

- I/We indemnify the bank against any actions or claims which may be made by any person for this payment
- I/We undertake to reimburse the bank for this money and any other costs if it is subsequently proved that I/we are not entitled.

,,	,,	, p	,
Executor/Administrator/	Claimant 1		
Title	Full Name		
Residential Address (not	PO Box)		
		State	Postcode
Postal Address or PO Box	– (if you would rather we send correspondence there)		
		State	Postcode
Best Contact Number	Email (optional)		Date of Birth (DD/MM/YYYY)
certified copies of your Ide	gulations it is necessary for the Bank to identify you by sightentification documents. If these have been previously proving ation and payment instructions I/we have provided are corrections.	ided. Please disregard.	ur identity. Please provide

*Signature	Date (DD/MM/YYYY)	
Executor/Administrator/Claimant 2 (if applicable)		
Title Full Name		
Residential Address (not PO Box)		
	State	Postcode

Best Contact Number Email (optional) Date of Birth (DD/MM/YYYY)

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To satisfy Government Regulations it is necessary for the Bank to identify you by sighting direct evidence of your identity. Please provide certified copies of your Identification documents. If these have been previously provided. Please disregard.

I acknowledge the information and payment instru	uctions I/we have provided are correct.	
*Signature	Date (DD/MM/YYYY)	
Executor/Administrator/Claimant 3 (if applicable	el	T
Title Full Name	-,	
Residential Address (not PO Box)		
	State	Postcode
Best Contact Number Email (optional	I) Da	te of Birth (DD/MM/YYYY)
	for the Bank to identify you by sighting direct evidence of your identify these have been previously provided. Please disregard.	lentity. Please provide
I acknowledge the information and payment instr	uctions I/we have provided are correct.	
*Signature	Date (DD/MM/YYYY)	
Executor/Administrator/Claimant 4 (if applicable Title Full Name Residential Address (not PO Box)	e)	
Residential Address (not 1 0 box)	State	Postcode
Best Contact Number Email (optional		ate of Birth (DD/MM/YYYY)
	for the Bank to identify you by sighting direct evidence of your identify these have been previously provided. Please disregard. uctions I/we have provided are correct. Date (DD/MM/YYYY)	lentity. Please provide
Next steps:		
Email this form with certified copies of all require	ed supporting documentation to: operations@unloan.com.au .	
Please don't send original documents. Once provided, we will review and provide conf	firmation on the outcome or further requirements within 14 day	s.