



Bank use only

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 call us on **1800 686 153**, option 1 for notifications, option 2 for existing cases, Monday to Friday 8.30am to 6.30pm (Sydney time), or visit a branch.



What you need to know and do:

- The Bank has the authority to combine accounts in order to clear any debts held solely by the deceased relating to credit cards, personal loans, overdrawn transaction accounts and the like. For further information on how we treat accounts and cards belonging to the deceased please visit commbank.com.au/support/deceased-estates
- As a general practice we do not charge fees to finalise deceased estates, however fees apply where foreign currency transactions and International Money Transfer are required.
- All** copies of documents must be certified (documents can be certified by our branch staff). Please note, if you have given these documents to us previously (including your identification documents), you do not have to supply them again.
- Privacy Notice** – we collect your name, contact and other details to confirm your identity and to support the finalisation of the deceased customer’s estate. 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 Group Privacy Statement at commbank.com.au/privacy
- If the deceased held products with us that are now issued or administered by AIA Australia Limited (AIAA), Colonial First State (CFS), Hollard Insurance Partners Limited (Hollard) or Resolution Life Services Australia (RLA), we will need to share your personal information with AIAA, CFS, Hollard and/or RLA so they can contact you about servicing your request for those products. By submitting this form, you consent for us to share your full name, postal address, phone number and your relationship to the deceased with AIAA, CFS, Hollard and/or RLA. If you do not wish to share your information with AIAA, CFS, Hollard and/or RLA then please contact 1800 686 153, Monday to Friday, please do not submit this form.
- Once you’ve completed this form, follow the ‘Next Steps’ to provide us with this form and required documents.

Section 1 – Deceased customer details

Full name

To help us with identification, please provide additional details via **one** of the following options:

Option 1 ▶ Provide a file reference number, or customer identification number

Option 2 ▶ Provide additional customer details:

Provide a CBA BSB and accounts number(s), if known

Address

	State	Postcode

Date of Birth (DD/MM/YYYY)

Section 2 – Will/Probate details (this helps us decide what documents will be required to finalise the estate’s accounts)

Is there a Will? Yes No Unsure

▶ If answered “No” or “Unsure” to the above question, confirm deceased customer’s relationship status (choose all that apply):

Widowed Married / Separated Never Married De Facto Relationship / Domestic Partnership Divorced

Length of time the deceased was separated, divorced or in a de facto relationship: years months

Has anyone applied (or is intending to apply) for **Probate** or **Letters of Administration**? Yes No 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).

Part 3a – Funeral and Estate Expense Payment or Reimbursement (if applicable)



Please Note:

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 effected the payment, with appropriate proof of payment. We are unable to make payments via BPAY®.

® Registered to BPAY Pty Ltd ABN 69 079 137 518.

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.			

If required, provide any additional or alternative instructions below, including International Money Transfer details, requests for Bank Cheque(s), or a specific payment to be made prior to the split and disbursal of any remaining funds.



Please Note:

For International Money Transfer, we require recipient's full address, Account Name, Bank Name, International Bank Account Number (IBAN), Bank Identification Code (BIC), Sort Code and Currency.

Part 3b – Estate Settlement and Account Closure

I/We authorise combining of account balances (including outstanding credit card, personal loan and overdrawn account balances), closure of the accounts held on behalf of the estate, and to disburse funds to the following accounts:

Account Name	BSB Number	Account Number	Payment Split %
1.			
2.			
3.			

Should add up to 100%

If required, provide any additional or alternate payment instructions, including; International Money Transfer details, requests for Bank Cheque(s), or specific payment to be made prior to the split and disbursal of remaining funds:



Please Note:

For International Money Transfer, we require recipient's full address, Account Name, Bank Name, International Bank Account Number (IBAN), Bank Identification Code (BIC), Sort Code and Currency.



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.

Executor/Administrator/Claimant 1

Title Full Name

Residential Address (not PO Box)

	State	Postcode
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Postal Address or PO Box – (if you would rather we send correspondence there)

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

To satisfy Government Regulations it is necessary for the Bank to identify you by sighting direct evidence of your identity. Select one of the following options, this will be used to confirm your identity.

- Option 1** ▶ Provide a CBA BSB and account number:
- Option 2** ▶ Provide this form along with acceptable identification documents to staff at a CBA branch for certifying (or you have previously provided identification details and had a customer profile created in branch as part of this process).
- Option 3** ▶ Provide (or have previously provided) a **Certified Copies Identification** form, along with certified copies of your Identification documents.

I acknowledge the information and payment instructions I/we have provided are correct.

*Signature Date (DD/MM/YYYY)

Executor/Administrator/Claimant 2 (if applicable)

Title Full Name

Residential Address (not PO Box)

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

To satisfy Government Regulations it is necessary for the Bank to identify you by sighting direct evidence of your identity. Select one of the following options, this will be used to confirm your identity.

- Option 1** ▶ Provide a CBA BSB and account number:
- Option 2** ▶ Provide this form along with acceptable identification documents to staff at a CBA branch for certifying (or you have previously provided identification details and had a customer profile created in branch as part of this process).
- Option 3** ▶ Provide (or have previously provided) a **Certified Copies Identification** form, along with certified copies of your Identification documents.

I acknowledge the information and payment instructions I/we have provided are correct.

*Signature Date (DD/MM/YYYY)

Section 4 - Authority to Release Assets and Acknowledgment (continued)

Executor/Administrator/Claimant 3 (if applicable)

Title Full Name

Residential Address (not PO Box)

State

Postcode

Best Contact Number

Email (optional)

Date of Birth (DD/MM/YYYY)

To satisfy Government Regulations it is necessary for the Bank to identify you by sighting direct evidence of your identity. Select one of the following options, this will be used to confirm your identity.

Option 1 ▶ Provide a CBA BSB and account number:

Option 2 ▶ Provide this form along with acceptable identification documents to staff at a CBA branch for certifying (or you have previously provided identification details and had a customer profile created in branch as part of this process).

Option 3 ▶ Provide (or have previously provided) a **Certified Copies Identification** form, along with certified copies of your Identification documents.

I acknowledge the information and payment instructions 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)

State

Postcode

Best Contact Number

Email (optional)

Date of Birth (DD/MM/YYYY)

To satisfy Government Regulations it is necessary for the Bank to identify you by sighting direct evidence of your identity. Select one of the following options, this will be used to confirm your identity.

Option 1 ▶ Provide a CBA BSB and account number:

Option 2 ▶ Provide this form along with acceptable identification documents to staff at a CBA branch for certifying (or you have previously provided identification details and had a customer profile created in branch as part of this process).

Option 3 ▶ Provide (or have previously provided) a **Certified Copies Identification** form, along with certified copies of your Identification documents.

I acknowledge the information and payment instructions I/we have provided are correct.

*Signature

Date (DD/MM/YYYY)



Next steps:

You can either:

1. Attend any CBA branch with this form and required supporting documentation (we can certify your original documents in Branch)
2. Mail this form with certified copies (**DO NOT SEND ORIGINAL DOCUMENTS**) of all required supporting documents to:

Processing Services
Estate Settlement Services
PO Box 334
Silverwater NSW 2128
Australia

Once provided, we will review and provide confirmation on the outcome or further requirements within 14 days.

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Customer Identification Verification

If the Executor/Administrator/Claimant has an existing CommSee profile ensure their identification details and signature are up to date (if they are not, follow the **KYC refresh** process) and ensure an **Account Number** or the **Customer Identification Number** is captured in Section 4 of this form (under option 1).

If a profile does not exist, and the Executor/Administrator/Claimant has also not provided a **Certified Copies Identification** form, capture the identification details below:

Executor/Administrator/Claimant 1

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 (DD/MM/YYYY)

Executor/Administrator/Claimant 2

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 (DD/MM/YYYY)

Executor/Administrator/Claimant 3

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 (DD/MM/YYYY)

Executor/Administrator/Claimant 4

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 (DD/MM/YYYY)



Please Note:

This form and any other documents provided by the informant must be imaged onto the deceased customer's profile under Category '**Deceased Estates**', Types '**Documents**', Comments '**Deceased**' using one cover sheet. The customer facing team member collecting them must certify all documents.