Deceased Estate - Notice of Closure and Indemnity Form



Send the signed form and supporting documents to csg@melbcdf.org.au.

Section 1 Estate Details
Full Name of the Deceased Account Holder
Estate of the Late
Member Number
Address
Section 2 Estate Documentation Checklist
Please select the option which corresponds to the total CDF investments of the deceased. Based on your selection, you will be required to provide certified copies of the documents listed, along with this form.
Small Estate – CDF Investments Under \$100,000
Option 1 – the deceased left a Will:
Death Certificate AND Will OR;
Death Certificate AND Grants of Probate OR;
Death Certificate AND Will AND Letters of Administration with the Will annexed
Option 2 – the deceased did not leave a Will:
Death Certificate AND Letters of Administration, OR;Death Certificate
CDF Investments of \$100,000 or more
Option 1 – the deceased left a Will:
Death Certificate AND Grant of Probate
Option 2 – the deceased did not leave a Will or the Will has been annexed:
Death Certificate AND Letters of Administration
Section 3 Accounts to be closed
I/we request the closure of the following accounts:
All accounts held solely in the name of the deceased named in Section 1
The following accounts held solely in the name of the deceased:

1

Account Numbers

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Section 4 Payee Details

Please provide the details of the nominated payee – funds will be credited to the nominated account details at closure of the account(s). If details of this account have not been previously provided to CDF, please enclose a copy of a bank statement header, which confirms the Account Name, BSB/Account Number and the name of the ADI.

Solicitors Trust Account	ACCHAINE				
	BSB	Acc number			
	Name of Financial Institution				
	Reference Number (if required)				
Estate Account	Acc name				
	BSB	Acc number			
	Name of Financial Institution				
	Reference Number (if required)				
Section 5 Authorised Represe	ntative details				
Please provide the details of the	e person submitting this request.				
Full Name					
Email		Contact Number			
Erridit		Contact Number			
Authorised Representative Type Executor Administrator Next of Kin Authorised Party on behalf of Executor/Administrator Section 6 Declaration and Signature/s					
This section must be physically signed by ALL authorised representatives and witnessed for your instructions to be executed. This document must be witnessed by an adult over 18 years of age, and cannot be witnessed by another Authorised Representative.					
I/we					
• Indemnify and will continue to indemnify CDF Community Fund (hereafter referred to as CDF) from and against any loss (including but not limited to any direct or indirect) damage, loss or cost (including legal costs) it may suffer because it makes the requested transfer and/or payment of funds held in the name of the deceased					
Will pay and discharge all just debts that may be proved in the estate of the deceased; and					
• Will protect CDF from any claim or proceedings against CDF in relation to the credit balance of all accounts and investments related to this request					
By signing this request, I/we ac	knowledge and agree that:				
a. CDF may use and disclose my/our information for its internal administration and operations; andb. CDF may disclose my/our information to other parties authorised and/or required by law to collect information related to this request					
b. CDF may disclose my/our in and facilities held by the dec		sed and/or required by law to c	collect information relat	ed to this request	
Authorised Representative 1		Witness 1			
Full Name		Full Name			
Role					
Signature		Signature			
Date Signed (dd/mm/yyyy)		Date Signed (dd/mm/www	Date Signed (dd/mm/yyyy)		

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Authorised Representative 2	Witness 2
Full Name	Full Name
Role	
Signature	Signature
Date Signed (dd/mm/yyyy)	Date Signed (dd/mm/yyyy)
Authorised Representative 3	Witness 3
Full Name	Full Name
Role	
Signature	Signature
Date Signed (dd/mm/yyyy)	Date Signed (dd/mm/yyyy)
Authorised Representative 4	Witness 4
Full Name	Full Name
Role	
Signature	Signature
Date Signed (dd/mm/yyyy)	Date Signed (dd/mm/yyyy)

Important Information

Disclosure Statement: CDPF Limited, a company established by the Australian Catholic Bishops Conference, has indemnified the CDF Community Fund ABN 94 380 397 118 (the Fund) against any liability arising out of a claim by investors in the Fund. In practice, this means your investment is backed by the assets of Catholic Archdiocese of Melbourne. The Fund is required by law to make the following disclosure: Investment in the Fund is only intended to attract investors whose primary purpose for making their investment is to support the charitable purposes of the Fund. Investor's funds will be used to generate a return to the Fund that will be applied to further the charitable works of the Catholic Church. The Fund is not prudentially supervised by the Australian Prudential Regulation Authority, nor has it been examined or approved by the Australian Securities and Investments Commission (ASIC). An investor in the Fund will not receive the benefit of the financial claims scheme or the depositor protection provisions in the Banking Act 1959 (Cth). The investments that the Fund offers are not subject to the usual protections for investors under the Corporations Act (Cth) or regulation by ASIC. Investors may be unable to get some or all of their money back when the investor expects or at all and investments in the Fund are not comparable to investments with banks, finance companies or fund managers. The Fund's identification statement may be viewed here or by contacting the Fund. The Fund does not hold an Australian Financial Services Licence. The Fund has entered into intermediary authorisation with CDFCF AFSL Limited ABN 49 622 976 747, AFSL No. 504202 to issue and deal in debentures.

Privacy Policy: View the CDF Privacy Policy on the CDF website <u>catholicdevelopmentfund.org.au/privacy</u>