Deceased Estate – Survivorship Transfer & Indemnity Form



Please use this form to transfer ownership of all accounts jointly held with a deceased account holder to the surviving account holder. Once complete, please email the signed form and supporting documents to csg@melbcdf.org.au.

 a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. 	Section 1 Account Holder Details				
Member Number Surviving Account Holder Important Information – please enter your full legal name, exactly as shown on government ID documents. First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy). Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: Indemnity and will continue to Indemnity 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. 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. If we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information is incommation to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name	Deceased Account Holder				
Surviving Account Holder Important information – please enter your full legal name, exactly as shown on government ID documents. First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: Indemnify and will continue to indemnify CDF Community Fund (hereafter referred to as CDF) from and against any loss (including but not inimited 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. 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. I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. c. CDF may use and disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder	Full Name				
Surviving Account Holder Important information – please enter your full legal name, exactly as shown on government ID documents. First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: Indemnify and will continue to indemnify CDF Community Fund (hereafter referred to as CDF) from and against any loss (including but not inimited 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. 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. I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. c. CDF may use and disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder					
Important information – please enter your full legal name, exactly as shown on government ID documents. First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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. I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. C. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type minestments and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose we information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased.	Member Number				
Important information – please enter your full legal name, exactly as shown on government ID documents. First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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. I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. C. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type minestments and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose we information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased.					
Important information – please enter your full legal name, exactly as shown on government ID documents. First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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. I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. C. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts; including account type minestments and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder	Surviving Account Holder				
First Name Middle Name (if any) Last Name Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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. I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. C. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name					
Date of Birth (dd/mm/yyyy) Member Number Address Email Contact Number Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. Will pay and discharge all just debts that may be proved in the estate of the deceased. By signing this request. I/we acknowledge and agree that: a CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. C CDF will provide a closing account statement for each account within 30 days of closure. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder			_		
Address Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. Will pay and discharge all just debts that may be proved in the estate of the deceased. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder	First Name	Middle Name (ii an	//	Last Name	
Address Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. Will pay and discharge all just debts that may be proved in the estate of the deceased. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder					
Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name	Date of Birth (dd/mm/yyyy) Member Nui	mber			
Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name					
Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name	Address				
Section 2 Declaration and Indemnity This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name					
 This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. CDF will provide a closing account statement for each account within 30 days of closure. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information for the relevant account types. CDF may use and disclose my information for its internal administration and operations. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder 	Email	Cor	ntact Number		
 This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. CDF will provide a closing account statement for each account within 30 days of closure. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. CDF may use and disclose my information for its internal administration and operations. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder 					
 This section must be physically signed by the surviving account holder for the instructions to be executed. I, the surviving account holder as referred to in Section 1 of this form: 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. 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 acknowledge and agree that: CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. CDF will provide a closing account statement for each account within 30 days of closure. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information for the relevant account types. CDF may use and disclose my information for its internal administration and operations. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder 	Section 2 Declaration and Indemnity				
 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 					
 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 					
 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. 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 					
 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 acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 	not limited to any direct or indirect) damage, loss or cost (including legal costs) it may suffer because it makes the requested transfer				
this request. By signing this request, I/we acknowledge and agree that: a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name	Will pay and discharge all just debts that may be proved in the estate of the deceased.				
 a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 					
 my sole ownership. b. CDF will provide a closing account statement for each account within 30 days of closure. c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 	By signing this request, I/we acknowledge and agree that:				
 c. New accounts, including Term Investments, will be established in my name only, and will match the conditions of the closed accounts, including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 	a. CDF will close all accounts jointly held between myself and the deceased referenced in Section 1 of this form and transfer the funds to my sole ownership.				
including account type, investment term and interest rate applicable when the joint accounts were established or most recently reinvested, and I agree to the terms and conditions as outlined in the CDF information statement for the relevant account types. d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name	b. CDF will provide a closing account statement for each account within 30 days of closure.				
 d. CDF may use and disclose my information for its internal administration and operations. e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 	including account type, investment term and interest rate applicable when the joint accounts were established or most recently				
 e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased. Surviving Account Holder Full Name 					
Full Name	e. CDF may disclose my information to other parties authorised and/or required by law to collect information related to this request and facilities held by the deceased.				
Full Name	Consister Assessment Haddan				
	•				
Signature	Full Name				
Signature	6: .				
	Signature				

Date Signed (dd/mm/yyyy)

Deceased Estate – Survivorship Transfer & Indemnity Form



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 catholicdevelopmentfund.org.au/privacy.

Information Statement: View the information statement on the CDF website www.catholicdevelopmentfund.org.au/resources.