

# **Deceased Customer Notification**

By completing this form you consent to HSBC collecting your personal information. Please read HSBC's Privacy Policy to understand how we collect, store, use and disclose any personal information at hsbc.com.au/privacy-policy/

We're very sorry to hear about your loss.

We understand this is a difficult time, so to make this easier we've created a form so you can provide us with important information so that we can help you through this as quickly as possible.

The information you provide will be used to administer the deceased customer's estate.

You'll need to provide your own contact details, so we can communicate with you during this process.

Take the completed form to: Your local Australian HSBC Branch Mail the completed form to:

HSBC, GPO Box 5302, SYDNEY NSW 2001

# DETAILS OF THE DECEASED

| Title         | First name | 9          |      | Middle name | Last name |
|---------------|------------|------------|------|-------------|-----------|
|               |            |            |      |             |           |
| Date of birth |            | Date of de | eath |             |           |
| /             | /          | /          | /    |             |           |

Please provide us with evidence of death (e.g. Death Certificate), if available and if it hasn't already been provided to us.

| BANK DETAILS (IF KNOWN)   |  |
|---|--|
| HSBC customer number<br>Credit card number<br>What is your role in manageme<br>Executor/Administrator | mmediate Next of Kin Other Specify                                   |
| Title First name  | Middle name Last name  |
|   |  |
| Email address   |  |
|   |  |
| Current residential address <i>(car</i>   | not be a PO Box)   |
| Suburb Cit  | V State Postcode Country   |
| Postal address (complete only   | f different to your current residential address)                     |
|   |  |
| Suburb Cit  | State Postcode Country   |
| Contact phone number  | If we need to contact you by telephone, when would be the best time? |
| What is your relationship to the  | deceased?  |

| DETAILS OF THE ESTATE                    |                      |
|--|----------------------|
| Is there a will for the deceased?        |                      |
| No Yes                                   |                      |
| Will a solicitor be handling the estate? |                      |
| No Yes Give details below                |                      |
| Name of solicitor's firm                 |                      |
|  |                      |
| Solicitor's name                         | Contact phone number |
|  |                      |
| Postal address                           |                      |
|  |                      |
|  |                      |
|  |                      |
|  |                      |

Additional information regarding the estate (maximum 300 characters)

NOTE: If a solicitor has been (or will be) engaged to manage the estate, we will wait for them to contact us to confirm that they act on behalf of the estate. From that point onwards, we will direct any correspondence to their office.

# AUTHORISATION

I declare that the above information are true and correct to the best of my knowledge.

# Signature

X

Date

| Date |   |   |  |
|------|---|---|--|
|      | / | / |  |
|      |   |   |  |

# COMPLETE PAGES 3 AND 4 TO VERIFY YOUR IDENTITY ONLY IF YOU'RE THE ESTATES REPRESENTATIVE AND CAN'T VISIT OR CAN'T GO TO AN HSBC BRANCH IN PERSON

You MUST verify your identity using Primary and if necessary, Secondary documents as shown on page 4.

The total document(s) must show your:

- (1) FULL LEGAL NAME
- (2) DATE OF BIRTH and
- (3) RESIDENTIAL ADDRESS

Only an Authorised Referee (listed on page 4) may certify your identity documents.

Verified copy of documents must be signed and dated by the Authorised Referee.

Where a Primary document contains all items and matches the applicant details in Part A (e.g. Australian drivers licence), no other document is required. If the document cannot verify all items, then a Secondary document must be used to verify the missing item.

### NOTE: Make sure that you include the certified copies of your identity documents with this form.

| PART A           | – INDIVIDU                    | JAL TO COMPLE                              | ΓE            |                     |       |             |           |                                      |  |
|------------------|-------------------------------|--|---------------|---------------------|-------|-------------|-----------|--------------------------------------|--|
| Title First name |                               |  | Middle name   |                     |       |             | Last name |                                      |  |
|                  |                               |  |               |                     |       |             |           |                                      |  |
| Current re       | esidential ad                 | dress <i>(cannot be a</i>                  | PO Box)       |                     |       |             |           |                                      |  |
|                  |                               |  |               |                     |       |             |           |                                      |  |
| Suburb           |                               | City                                       |               | State               |       | Postcode    |           | Country                              |  |
| Date of bi       |                               | Nationality<br>( <i>if not Australian,</i> | nationality   | must be verified    | via a | foreign pas | sport     | or foreign national identity card †, |  |
| Declaration      |                               | rmation contained                          | above is tru  | ue and correct an   | d ha  | s been com  | pleted    | by me and not any other person.      |  |
| YOUR SIC         | GNATURE M                     | UST BE WITNESSE                            | D BY THE A    | UTHORISED REFI      | EREE  | :           |           |                                      |  |
| Applicant        | t's signature                 |  |               | Date                |       |             |           |                                      |  |
| X                |                               |  |               | DD/                 | MN    | Л/ҮҮ        |           |                                      |  |
| PART B           | - AUTHOR                      | ISED REFEREE TO                            | O COMPLE      | TE                  |       |             |           |                                      |  |
| Title            | Fi                            | rst name                                   |               |                     | _     | Last name   |           |                                      |  |
|                  |                               |  |               |                     |       |             |           |                                      |  |
| Employer         | r's name                      |  |               |                     |       |             |           | Work phone number                    |  |
|                  |                               |  |               |                     |       |             |           | ( )                                  |  |
| Work add         | lress                         |  |               |                     |       |             |           |                                      |  |
|                  |                               |  |               |                     |       |             |           |                                      |  |
|                  |                               |  |               |                     |       | S           | State     | Postcode                             |  |
|                  | ocuments si<br>ne + identific | ghted<br>ation number (if an               | ny) + date/pl | ace/office of issue | )     |             |           |                                      |  |
| 1.               |                               |  |               |                     |       |             |           |                                      |  |
| 2.               |                               |  |               |                     |       |             |           |                                      |  |

### PART B – AUTHORISED REFEREE TO COMPLETE continued

### Declaration

#### I declare that:

X

- (i) I have sighted the abovementioned Individual's original identity documents as listed in the section "Identity documents sighted" and can confirm that the full name, residential address and date of birth match the details provided above by the Applicant;
- (ii) I certify that all documents are a true and correct copy of the original presented to me; and
- (iii) the Applicant signed this form in my presence.

# THE AUTHORISED REFEREE MUST SIGN, DATE AND WRITE 'I have sighted the original of this document' ON EACH COPY OF THE IDENTITY DOCUMENTS.

### Authorised Referee's signature

| Date |      |
|------|------|
| DD/M | М/ҮҮ |
|      |      |

Authorised referee category (see below)

ID number (if applicable)

### **IDENTIFICATION DOCUMENTS**

#### Important notes:

- Expired documents will not be accepted
- Any document not written in English must be accompanied by an accredited translation or translation from an HSBC staff member. An accredited translator means a person currently accredited by the National Accreditation Authority for Translators and Interpreters Ltd. (NAATI) at the level of Professional Translator, or above, to translate from a language other than English into English – see www.naati.com.au
- Copies of identity documents must be of both sides
  (where double-sided) and clear

### **PRIMARY IDENTIFICATION DOCUMENTS**

You **MUST** use one of the following to verify your identity:

- Photocard Australian drivers licence issued by an Australian State or Territory #
- Passport signature and photo page(s)
- Government issued Proof of Age card
- Foreign National Identity card †
- Foreign drivers licence \*
- Birth Certificate ¥

## SECONDARY IDENTIFICATION DOCUMENTS

You **MUST** use one of the following to verify your address (except if using an Australian drivers licence as outlined overleaf):

- Local Authority or Government Department letter, or statement dated within the last 12 months, e.g. Australian Taxation Office (ATO) notice letter
- Bank statements, Australian council rates notice or utility bills (including e-statements) dated within the last three months (internet screenshots are not accepted) – must contain full first and last names
- Residential property lease agreement / Residential Serviced Apartment lease agreement ^
- Mobile phone bill, home internet bill, pay TV bill or utility welcome letter ~
- A letter issued by an Australian school ¥. The letter must record the period of time the individual attended the school and be issued with the preceding 3 months, printed on the school's letterhead and be signed by the school principal.
- # Includes renewed, interim, learners, provisional, bus, motor cycle or truck licence. This does not include a driving licence issued on paper or a boat licence. Please ensure that an image of both the front and back of the licence is provided.
- † Must be issued by a foreign government, the United Nations or a United Nations agency.
- \* Issued under a law of a foreign country for the purposes of driving a vehicle (as detailed in the Australian driving licence above). This does not include a driving licence issued on paper.
- For primary or secondary school students aged under 18 only.
  Must record the individual's lease of a residential property; be
- current; and be issued by a real estate agent or serviced apartment.
  Where the minimum contract length of 12 months for the provided service is confirmed and is dated within the last 3 months.

### **AUTHORISED REFEREES**

Authorised Referees must satisfy one of the occupations below and cannot be an immediate family member.

- a) Legal professional who is currently licensed or registered to practise under a law in force in a State or Territory
- b) Accountant who is a member of:
  - a fellow of the National Tax Accountants' Association; or
  - 2. a member of any of the following:
    - Chartered Accountants Australia and New Zealand;
      the Association of Taxation and Management Accountants:
    - CPA Australia;
  - the Institute of Public Accountants
- c) A current member of The Governance Institute of Australia
- An officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more years of continuous service with one or more licensees
- e) An officer with, or a credit representative of, a holder of an Australian credit licence, having 2 or more years of continuous service with one or more licensees
- f) Bank officer with 2 or more continuous years of service
- g) Australian Consular Officer or Australian Diplomatic Officer who is appointed by the Commonwealth to hold or act the role in a country or place outside Australia
- h) Justice of the peace
- i) An agent of the Australian Postal Corporation who is in charge of an office supplying postal services to the public
- j) Police Officer
- k) Commissioner of Oaths/Affidavits of an Australian State or Territory
- A member of an Australian Commonwealth, State or Territory Parliament
- m) A person who is enrolled on the roll of the Supreme Court of a State or Territory, or the High Court of Australia, as a legal practitioner
- Notary public, including a notary public exercising functions in an equivalent jurisdiction
- A Person in an equivalent jurisdiction who is authorised by law in that jurisdiction to administer oaths or affirmations or to authenticate documents

### EQUIVALENT JURISDICTIONS

Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Guernsey, Hong Kong, Iceland, Ireland, Isle of Man, Italy, Japan, Jersey, Korea (South), Luxembourg, Malta, Netherlands, New Zealand, Norway, Portugal, Singapore, Spain, Sweden, Switzerland, Taiwan, United Kingdom, United States of America.