

Notification of Deceased Member



bcu is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
PO Box 1563, Coffs Harbour, NSW 2450
T 1300 228 228 | W bcu.com.au

DECEASED MEMBER DETAILS

Title _____ Surname _____ Given name/s _____

Address _____

_____ Suburb _____ State _____ Postcode _____

Date of Birth _____ Date of Death _____ Account/Member No. (if known) _____

NOTIFIER DETAILS

This information will enable us to reply to you.

Title _____ Surname _____ Given name/s _____

Mailing address _____

_____ Suburb _____ State _____ Postcode _____

Relationship to the Deceased _____ Contact number _____

Are you the named Executor or Administrator of the estate? Yes No

If No, please provide the Executor/Administrator's name (if known) _____

The Executor/Administrator will be verified in the Last Will and Testament or Letters of Administration.

SUPPORTING DOCUMENTATION

bcu require the following documentation to proceed with finalising the estate. When available, please provide us with the original documents or copies certified by a lawyer or Justice of the Peace.

- Death Certificate
- Last Will and Testament
- Grant of Probate OR Letters of Administration (if the balance of account/s at date of death exceeded \$50,000)
- Instructions to Finalise
- Executor/Administrator Identification

FUNERAL EXPENSES

Payment of the attached funeral invoice is required.

bcu require a tax invoice issued by the funeral director to arrange payment. Payment will be made directly to the funeral directors in accordance with the tax invoice.

OFFICE USE ONLY

Staff Member _____ Branch _____

Date received _____