

ESTATE FUNDS RELEASE AND INDEMNITY FORM



SECTION 1 – ESTATE DETAILS

Name of Deceased Customer*

Deceased Member / Policy Number (if known)

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SECTION 2 – PRODUCTS UNDER THE MEMBERSHIP IF KNOWN

(e.g. insurance policy number(s), Club or Road Service membership number, loan number(s), Home Security, Arcline Energy. I/we request RACV to close the account(s) listed below:

Club or Road Service Membership

Home Security / Arcline Energy

Insurance policy numbers / Other

SECTION 3 – PAYMENT METHOD

Please select one payment method:

☐ Transfer to "Estate Account" or ☐ Solicitors Trust Account

*RACV is unable to transfer funds to any individual account(s)

BSB Number

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Account Number

SECTION 4 – INDEMNIFICATION

Without production of a Grant of Probate of the Will/Letters of Administration of the estate, I/we

- indemnify and will continue to indemnify RACV against any loss (including but limited to any direct or indirect) damage, loss or cost (including legal costs) it may suffer because it makes the below payment;
- will pay and discharge any debts that may be proved in the estate of the deceased; and
- will protect RACV from any claim or proceedings against RACV in relation to the credit balance.

I/We acknowledge that RACV and its related companies (including subsidiaries) are collecting my/our information in order to deal with a deceased account request. Without this information RACV may not be able to do this. By signing this form, I/we acknowledge and agree that:

- (a) RACV may also use and disclose my/our information for its internal administration and operations; and
- (b) RACV may disclose my/our information to credit reporting or debt collecting agencies; its alliance partners, agents, contractors and advisers; and to other parties authorised and/or required by law to collect your information.

I/We may request access to my/our information or lodge a complaint in accordance with RACV's Privacy Charter at www.racv.com.au/privacy.

Access will be granted in accordance with the Privacy Act 1988. If any of my/our information is inaccurate, I/We may request that it be corrected.

SECTION 5 – SIGNATURES (Please ensure all executors/administrators have signed this form)

Full Name*

Full Name*

Signature*

Signature*

Date of Birth*

Date of Birth*

Address*

Address*

Contact Number*

Contact Number*

SECTION 6 – WITNESS

Witnessed by (must be aged 18 and over):

Full Name*

Signature*

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Date*

All fields marked * are mandatory.