



LCU

banking you can trust

Deceased Estate Membership Application Form

T 02 9859 0585 F 02 9859 0555 P PO Box 1967 Macquarie Centre 2113

ABN 77 087 650 217 AFSL/Australian Credit Licence 240807

Date		Member Number (Office use only)	
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Estate details			
Estate Name			
Executor Name		Member no.	
Joint Trustee name (If applicable)		Member no.	

Contact Details					
Unit / Floor / Street No.		Street Name			
Suburb / Town		State		Postcode	
Email address:					

Beneficiary Details	
Beneficiary 1 (Full name)	
Beneficiary 2 (Full name)	
Beneficiary 3 (Full name)	
Beneficiary 4 (Full name)	

For a new member, please complete a Membership Application form

Declaration	
I/we have disclosed details about the trust, its trustees, and beneficial owners as above. I/we hereby apply for a share to become a member of LCU and understand that I/we are bound by the terms and conditions of the Constitution.	
Executor	
Full Name:	Member no:
Signature:	Date:
Joint Executor (If applicable)	
Full Name:	Member no:
Signature:	Date:

How did you find out about LCU?
<input type="checkbox"/> Family Member <input type="checkbox"/> Employer <input type="checkbox"/> Referral <input type="checkbox"/> Other



Tax file Number (Quoting your tax file number is not compulsory but withholding tax may be deducted from your interest if you do not quote your number or your exemption. After input, this record will be destroyed)	
Tax File number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Or exempt from lodging a tax return. Please provide reason	

Office Use Only

Date of Admission to Membership	
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Record details of Probate or Letters of Administration

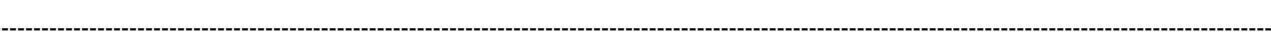
	Number	Date of document	State/Territory Court Issuing
<input type="checkbox"/> Probate/letter of Administration			
<input type="checkbox"/> Will Certificate Sighted	n/a		n/a
<input type="checkbox"/> Death Certificate Sighted		n/a	

Access Facilities Action List

	All Signatories Certified
	Account Opened/Share Debited
	Welcome Letter Sent
	Phone Banking access to ATO's Provided
	Provided Internet Banking access to ATO's Provided
	eStatement register

Confirmation

<p>.....</p> <p>Staff Member's Signature</p> <p>Operator No</p>



The law requires us to verify your identity when you open an account, change your name or when you become a signatory to an account. Photo ID like a passport and driver's license are preferable identity documents, however a full list of acceptable documents are available on our website www.lcu.com.au

If you are mailing a copy of your identification documents, photocopies will be accepted however they must be certified by a person on the certifier categories list. The certifier will need to sight the original documents by following the instructions in the certifier endorsement section below.

All signatories to the account must be identified, please supply identification documents for signatories who are not already members.

If you are presenting original documents at the LCU office then this certifier endorsement is not required

Certifier Categories

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. 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 2. Judge of a court 3. Magistrate 4. Chief executive officer of a Commonwealth court 5. Registrar or deputy registrar of a court 6. Justice of the peace/Commissioner for Declarations 7. Notary public 8. Police officer 9. Agent of the Australia Postal Corporation who is in charge of an office supplying postal services to the public | <ol style="list-style-type: none"> 10. Permanent employee of the Australian Postal Corporation with 2 or more years of continuous service who is employed in an office supplying postal services to the public 11. Australian consular officer or an Australian diplomatic officer (within the meaning of the Consular Fees Act 1955) 12. Officer with 2 or more continuous years of service with one or more financial institutions 13. Finance company officer with 2 or more continuous years of service with one or more finance companies 14. Officer with, or authorised representative of, a holder of an Australian financial services licence, having 2 or more continuous years of service with one or more licensees 15. Member of the Institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants |
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To be completed by the certifier (if applicable)

Details of identification	
Full name of person being identified	
Type of documents certified	
Details of certifier	
Title	
Surname	
Given name(s)	
Occupation	
Category of certifier	
Certifier endorsement	
I have examined the original identification documents listed above	<input type="checkbox"/>
I have enclosed all certified copies of each document for LCU	<input type="checkbox"/>
I have endorsed each copy of the identification document with the following statement	<input type="checkbox"/>
This is to certify that this is a true copy of the original which I have sighted. Date, name, signed, title, registration number (if applicable). It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to give false and/or misleading information.	
Certifier Signature	Date: