

Finalising a Deceased Estate Form

May Allah have mercy on your loved one. We apologise for the additional paperwork. But it is necessary in order to protect our members accounts.

This form

- Allows you, the executor, to give us the authority to finalise the Deceased’s estate, close their accounts, and hand over the funds.
- Must be signed by each person making a claim on the estate.
- Needs to be accompanied by certified copies of the following supporting documents:
 - Full Death Certificate
 - Each next of kin’s photo ID (such as a driver’s licence or passport)
 - Grant of Probate with the Will Annexed (where applicable), or such other document that proves your relationship to the deceased, such as marriage certificate or birth certificate.

Section 1 : Deceased member details:

Deceased’s Name:			
Member Number:		Date of Birth:	
Date of Death:			

Section 2 : Acknowledgements and declarations

2.1 I/we (the next of kin) declare that to the best of my/our knowledge:

- Tick one of the following:

- The deceased did not leave a valid will
 - No application has been made and we do not intend to apply for Letters of Administration
 - No other person intends to apply for letters of administration
- The deceased did not leave a valid will
 - I/we have obtained Letters of Administration

2.2 The financial assets and liabilities of the Deceased's estate with Islamic Co-operative Finance Australia Limited (ICFAL)

Member Number	Account Balance:

2.3 Because I/we am/are the next of kin of the Deceased I/we claim to be entitled to the net proceeds of the Deceased's accounts. My/our relationship to the Deceased's is:

We ask this to make sure there is no-one else that would have a right to make this claim.

Please note that both parents or all children and all siblings, as shown on the death certificate are required to co-sign. If there are more children/siblings than just you, please ensure all sign this form.

2.4 To the best of my/our knowledge, the Deceased did not leave a survivor with more entitlement to funds as next of kin.

2.5 In consideration of ICFAL paying the net proceeds of the Deceased's accounts to me:

- I understand that I will be required to provide certified copies of documents as proof of my/our relationship to the Deceased, and
- I understand that I will be required to verify who I/we are prior to ICFAL releases any funds, and
- My successors and assigns, jointly and severally, indemnify ICFAL, on demand, against all liabilities, losses, damages, claims, demands proceedings, judgements, charges, costs and expenses which may at any time be incurred by ICFAL or brought against ICFAL by any person on account of or in respect of this payment to me.
- I hereby authorise and request that you close all relevant accounts, and I authorise you to combine such accounts as you deem necessary and to clear or pay any debts of the deceased.

Section 3: Your identification

Your Name:			
Date of Birth:		Licence Number:	
		Passport Number:	

Section 4: Distribution of Funds

4.1 As the deceased's next of kin, I hereby authorise ICFAL to distribute the funds held by ICFAL into:

The following bank account:

Name:	
Bank:	
BSB:	
Account Number:	

The following ICFAL account:

Name:	
Member number:	

Section 5: Signatures

Next of kin #1

Signature:	Date:
Name:	
Address:	

Next of kin #2

Signature:	Date:
Name:	
Address:	

Next of kin #3

Signature:	Date:
Name:	
Address:	

Next of kin #4

Signature:	Date:
Name:	
Address:	

Next of kin #5

Signature:	Date:
Name:	
Address:	

Next of kin #6

Signature:	Date:
Name:	
Address:	

Next of kin #7

Signature:	Date:
Name:	
Address:	

Next of kin #8

Signature:	Date:
Name:	
Address:	

Next of kin #9

Signature:	Date:
Name:	
Address:	