



**Rabobank**

October 2023

# Deceased Estate Indemnity Form

*Talk to the world's leading food and agribusiness bank*

**Rabobank Australia Limited**  
ABN 50 001 621 129 AFSL 234 700  
For further assistance please call  
1300 30 30 33 for your nearest  
branch or contact the Rabobank  
Call Centre on 1800 445 445  
www.rabobank.com.au

I (Full name of declarant)   
of (Address of declarant)   
in Australia (Occupation of declarant)

1. (Full name of deceased)  who died on or  
about the (Date of death)  day of  20  was at the date of death the owner of  
the following Rabobank Australia Limited ("Rabobank") accounts:

BSB No. - Account number

with a current total balance in the sum of (Amount in words)  or thereabouts.

2. The deceased died without leaving a valid will:  Yes  No
3. I am (please tick which is applicable):  
 Spouse  A child of deceased  Person entitled to the estate under the will  Executor named in will  Grant of Probate of the deceased  
 and I know the deceased died on the date mentioned above because of the death certificate of the deceased (see copy attached)
4.  I am the person named as (Executors/Executrix/Beneficiary)  in the will of the deceased.  
 To the best of my knowledge, the deceased did not leave any will or other testamentary writings.
5. To the best of my knowledge the estate of the deceased is clear of debt and there is no liability for death or probate duties.
6. I claim payment of the moneys to which the deceased was entitled upon the grounds that I am:  
 Spouse  A child of deceased  Person entitled to estate under the will or on the testacy of the deceased  
 Person appearing to be entitled to obtain probate or administration of estate of deceased in Australia
7. I shall apply the said moneys in due course of administration of the deceased estate as the laws of Australia requires. In consideration of Rabobank releasing the aforesaid funds, I/we bind myself/ourselves to protect Rabobank from all claims and responsibilities, legal or otherwise, which may arise in connection with the said account(s) or the payment of the balance(s) therefore as aforesaid and also against all amounts Rabobank may be called upon to pay and all costs, charges and expenses which Rabobank may incur in connection therewith except where it involves the fraud, negligence or wilful misconduct of Rabobank or its employees, officers, contractors, agents or appointed receivers in the provision of services related to this Form.
- Complete one only:  
 (i) I/We request Rabobank to provide me with access as the authorised signatory in respect of the above Rabobank account.  
 (ii) I/We request Rabobank to close the accounts of the deceased and pay the moneys by credit to the account of:

BSB No. - Account number

Where two or more persons are parties hereto this indemnity and the obligations and agreements on their part herein contained or implied shall bind them and every two or greater number of them jointly and each of them severally.

Name of witness  Date  /  /   
Name of declarant  Date  /  /

Signature of witness   
Signature of declarant