

Unclaimed monies deceased indemnity form



About this form

Please complete this form when there is no Probate or Letters of Administration and the Estate of the Deceased is over \$50,000.

Please send completed form to:

ING
Reply Paid 2682
Sydney NSW 2001 (no stamp required)

To ING

I/We, _____

of _____

do hereby solemnly and sincerely declare as follows:

1. I am/We are the (relationship to the deceased) _____
in regard to the Estate of the Late _____
Name of the Deceased

of _____
Address

who died on the _____ day of _____ 20____
Day Month Year

2. At the time of his/her death, the said Deceased was the lawful owner of ING Account number/s

3. To the best of my/our knowledge no other persons have applied for a Grant or Probate or Letters of Administration.

4. I/We do not wish to apply for a Grant of Probate/Letters of Administration because:

5. Undertake to indemnify and keep indemnified ING, its officers and agents against any loss, damages, or cost whatsoever which it may incur in consequence of any matter or thing arising from the dealings with the Estate of the Deceased.

AND I/We make this solemn declaration by virtue of the Statutory Declarations Act 1959 (Cth), and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

DECLARED AT _____ this _____ day of _____ 201____
Time Day Month Year

***Note:** An authorised witness can be either a Justice of the Peace, a member of the Notary Public, a commissioner of the court for taking affidavits, a legal practitioner or any other person by law authorised to administer an oath. A person who falsely claims to be authorised and receives a statutory declaration or who takes and receives a statutory declaration in a capacity which they are not authorised by law is guilty of an offence.

**Signature of person making the
statutory declaration**

Signature of authorised witness*

Name of authorised witness

Address of authorised witness

Capacity in which authorised witness
makes the statutory declaration

**Signature of person making the
statutory declaration**

Signature of authorised witness*

Name of authorised witness

Address of authorised witness

Capacity in which authorised witness
makes the statutory declaration