WA Will Bank

Request for Copy or Withdrawal of Will upon the death of the Testator.

Public Trustee

An executor or, in limited circumstances, a third party may request a copy or withdrawal of a Will currently in safekeeping in the Public Trustee's WA Will Bank upon the death of the Testator. If you have a valid request, please complete this request form and send the original form and required <u>certified</u> identification by post to:

Attention: Securities Officer, Public Trustee, 553 Hay St, Perth WA 6000

Alternatively, you may bring your completed form and the required identification to our office between 8:30am - 4:30pm (Mon to Fri). Please note: Requests take <u>two business days to process</u> as Wills are held in a secured vault. We are unable to retrieve your Will on the same day as your request if you attend in person.

Testator details (circle): Mr, Mrs, Ms, Miss, Dr

Surname:

Given name:

Middle name:

Date of Birth: /   /

Most recent Address:

Suburb:

State: Post Code:

Date of Will (if known):   /   /

Executor/Requestor's Details

Full name:

Address:

Suburb:

State: Post Code:

Telephone (home):

Telephone (work):

Telephone (mobile):

Email address:

Signature of Executor/Requestor:

Date of Request: /   /

☐ I request a copy of the testator's latest Will

☐ I request to withdraw the testator's latest Will

☐ Other, please provide details

Please provide reason for request in space provided over page

Collection Method

☐ Send documents to my Address

☐ Release documents in person, at an **arranged appointment time.**

An executor, or in limited circumstance, a third party may request a copy or withdrawal of a Will currently in safekeeping in the Public Trustee's WA Will Bank upon the death of the Testator. In order to make this request you will need to provide:

Appropriate proof of authority, being a death certificate or coroner's report; and

Current identification for the executor/requestor as referred to in the Public Trustee Identification Requirements list.

Office Use

MATE ID_____

Identification Sighted   Y/N

Will Collected by (Signature)_____

Will Collected on (Date)_____

Reason for request

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Additional Information

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