

WA Will Bank Deposit Form



Public Trustee

To deposit a Will for safekeeping in the Public Trustee's WA Will Bank, please fill out this form and bring it, along with your original Will and two forms of current identification, to:

Public Trustee, 553 Hay St, Perth WA 6000
Open: 8:30am – 4:30pm (Mon to Fri). Call 1300 746 116.

Alternatively, please send all required documentation with certified copies of approved ID documents. You may be contacted to verify your identity.



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

Surname: _____

Given name: _____

Middle name/s: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

PO Box: _____

Suburb: _____

State: _____ Postcode: _____

Telephone: Home: _____

Work: _____

Mobile: _____

Fax: _____

Email address: _____

Date of Birth: / /

Date of Will: / /

Is this your current Will? Yes No

Executor details:

Public Trustee WA Other (please specify):

Mr, Mrs, Ms, Miss, Dr _____

Surname: _____

Given name: _____

Middle name/s: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Home telephone: _____

Mobile: _____

Email address: _____

Date of birth: / /

Substitute executor details (if applicable):

Public Trustee WA Other (please specify):

Mr, Mrs, Ms, Miss, Dr _____

Surname: _____

Given name: _____

Middle name/s: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Home telephone: _____

Mobile: _____

Email address: _____

Date of birth: / /

Have you informed your executor/s that he/she is the executor of your will and that the will is stored in the Public Trustee's WA Will Bank?

Yes No

Previous Wills:

Do you have any previous Wills? Yes No

Date of last previous Will (if known): / /

Lodgment declarations:

By signing this document, I acknowledge that:

- My Will is going to be scanned and an electronic copy kept so that a copy can be recovered in the unlikely event of a disaster.
- By accepting this Will for storage, the Public Trustee does not check or make any comment as to its wording or validity.
- It is my responsibility to keep my Will and the contact details I provide to the Public Trustee up-to-date if my circumstances change.
- My personal details will be used in data matching so that my death can be confirmed and executor contacted.
- If the Public Trustee is named as executor in my Will, it has the right to renounce.
- The Public Trustee does not provide copies of your Will. Please make a copy before depositing your will but do not unbind or unstaple it when doing so.

Do you wish to receive correspondence regarding your Will or changes to legislation that may affect your Will?

Yes No

Testator Signature: _____

Date: / /

To deposit, you will need to bring:

- Original Will
- Two (2) forms of current identification for the testator (including passport, drivers licence or other approved photo ID). If documents are sent by registered mail, identification must be signed by a person qualified to certify documents.

Third party deposits (if applicable)

Additional declarations (check boxes):

- I confirm that the testator is alive at the time of lodging this Will, and has signed the declaration.
- I understand that a lodgment and storage fee of \$195 per Will *may* apply for third party deposits.

Third party depositors will require:

- Original Will
- Two (2) forms of current identification for both depositor and testator (including passport, drivers licence or other approved photo ID).

Please note: If testator is not present, ID must be signed by a person qualified to certify documents.

Insert Full Name of Depositor:

Depositor Signature: _____

Date: / /

OFFICE USE ONLY:

Lodgment Date: / /

Lodgment Officer: _____

MATE ID: _____

Testator Identification 1 sighted (specify details): _____

Testator Identification 2 sighted (specify details): _____

Depositor Identification 1 sighted (if applicable, specify details): _____

Depositor Identification 2 sighted (if applicable, specify details): _____

Will condition check list:

- Original Will Yes No
- Dated Yes No
- Signed Yes No
- Witnessed by two parties Yes No
- Executor named Yes No
- Alterations on document Yes No
- Exposed pin holes Yes No
- Clipped to other documents Yes No
- Clip marks Yes No

Total number of pages: _____

If more than 1 page: Bound Yes No Not Applicable

Receipt Number: _____