Deceased Estates Securities Administration Service Questionnaire

For Individual Holding

If you have elected to receive Link Market Services Limited's Deceased Estates Securities Administration Service please complete the following questionnaire, attach the necessary documentation and complete/attach your payment and return to Link Market Services Limited, Locked Bag A14, Sydney South NSW 1235.

The COST for this service is shown in the attached letter.

1 Deceased's details

Deceased's Name

Deceased's Address

State **Postcode**

Date of Death / /

Day **Month** **Year**

Please read the following carefully.

You will need to supply the following documentation to Link Market Services Limited as CERTIFIED COPIES ONLY. **Please do not send original documents.** A Certified Copy is a copy of the original document which has been certified to be a true copy of the original by a person authorised to do so under State or Federal law. This includes a Justice of the Peace, Chartered Accountant, Member of Police Force, etc.

A grant of Probate is an official court document stating that the Will is legally valid and the named Executor of the Will has the authority to administer the estate.

If you do not have a grant of Probate, you will need to supply a certified copy of the Death Certificate and the Will. A Will is a document setting out the wishes of the deceased for the distribution of their assets.

If there is no Will, you will need to supply Letters of Administration. This is an official court document appointing an Administrator, who is charged with the administration of the Estate of the deceased, similar to an Executor.

If you do not have Letters of Administration, you will need to supply the FULL NAME and ADDRESS of the deceased's Next of Kin. The Next of Kin is usually the surviving spouse. If there is no spouse, then the children of the deceased. If no children, then the parents of the deceased.

2 Documentation

	Already sent	Yes	No
Certified copies of a grant of Probate or Letters of Administration, unless you have already sent this to us.			
	N/A	**Yes**	**No**
If the Probate has been granted in South Australia, you will need to send us a certified copy of the Section 121A (Registrar's) Certificate in compliance with the South Australian Administration and Probate Act 1919.			
		Yes	**No**
Certified copy of the Death Certificate. A Medical certificate as to Cause of Death is not acceptable.			
		Yes	**No**
Certified copy of the Will.			

3 Full name and address of next of kin (if the deceased left no will)

Title

Address

State **Postcode**

The FULL Address of the Executor

An Executor is the person(s) responsible for carrying out the terms of the Will. If there is more than one Executor please select one address as Link can only accept one address for the Executor.

4 Full address of the executor

Address

State **Postcode**

Who is to receive the Securities?

You have two options, Transmission or Transfer.

Transmission: The transmission of securities is changing the name under which the securities are registered from the deceased's name into the name of the Executor/Administrator to be then distributed to the beneficiaries of the estate.

Transfer: Securities can be transferred directly from the name of the deceased into the name of a beneficiary, beneficiaries or other persons.

Please note that if the Executor is also the beneficiary, the movement of securities from the deceased's name to the name of the beneficiary should be by way of TRANSFER and not Transmission.

5 Option to Transmit or Transfer Securities

Do you want the securities transmitted to the Executor(s)? **Yes** **No**

Do you want the securities transferred to the beneficiary(ies)? **Yes** **No**

If there is more than one beneficiary, please indicate if the securities are to be held jointly or severally? **Jointly** **Severally**

Please provide below FULL DETAILS of the Beneficiary or Beneficiaries. A beneficiary is the person named in the Will to inherit part or all of the estate of the Deceased. If there are more than three beneficiaries attach a separate sheet.

Also please indicate if any of the listed beneficiaries are minors, i.e. under 18 years of age.

6 Full name and address of beneficiary

Title

Address

State **Postcode**

Is the beneficiary a minor? *We are unable to transfer securities to a minor. If a beneficiary is a minor, we require the full name and address of the parent/guardian.* **Yes** **No**

Title

Address

State **Postcode**

Is the beneficiary a minor? *We are unable to transfer securities to a minor. If a beneficiary is a minor, we require the full name and address of the parent/guardian.* **Yes** **No**

Title

Address

State **Postcode**

Is the beneficiary a minor? *We are unable to transfer securities to a minor. If a beneficiary is a minor, we require the full name and address of the parent/guardian.* **Yes** **No**

7 Payment details

Amount from above (GST included in total amount charged. A receipt will be issued). $

☐ CHEQUE / MONEY ORDER PAYMENT– Payable to "Link Market Services Limited".

☐ CREDIT CARD PAYMENT

TYPE OF CARD (please mark box): ☐ MASTERCARD ☐ VISA *(American Express not accepted)*

CARD NUMBER: EXPIRES: /20

NAME ON CARD: SIGNATURE:

Please provide the FULL NAME and PHONE NUMBER, including area code, of a person Link can contact. Also, please provide us with the FULL NAME and ADDRESS of the person to receive the completed forms for signing.

8 Full name of contact

Title

Telephone number

9 Full name and address for return of completed forms

Title

Address

State **Postcode**

10 Checklist: I have attached and completed — Please tick

Payment for this service		Yes ☐
Certified copy of a grant of Probate or Letters of Administration	N/A ☐	Yes ☐
If Probate has been granted in South Australia, a certified copy of the Section 121A (Registrar's) Certificate in compliance with the South Australian Administration and Probate Act 1919.	N/A ☐	Yes ☐
Certified copy of the Death Certificate	N/A ☐	Yes ☐
Certified copy of the Will	N/A ☐	Yes ☐
The full address of an executor. Only one please.		Yes ☐
The full names and addresses of the beneficiary(s)/next of kin.		Yes ☐
Contact name and telephone number		Yes ☐
Name and address of the person to receive completed forms for signing		Yes ☐

11 Signature(s)

To be signed by the Executor(s) who has authority to act for the Estate.
I/We declare that the information given is true and correct to the best of my/our knowledge.

Date / /

Day **Month** **Year**

Privacy Policy: The information you provide in the returned questionnaire and supporting documentation will be treated in the strictest confidence and used only in accordance with Link's Privacy Policy. If you would like a copy of our Privacy Policy you can email us at estates@linkmarketservices.com.au. You will also find it on Link's website at www.linkmarketservices.com.au/privacy or you may call us on 1300 303 991.