

Deceased Estates Securities Administration Questionnaire

For Joint Holding

If you have elected to receive MUFG Corporate Markets (AU) Limited's Deceased Estates Securities Administration Service please complete the following questionnaire, attach the necessary documentation and complete/attach payment and return to MUFG Corporate Markets (AU) Limited, Locked Bag A14, Sydney South NSW 1235 Australia.

The COST for this service is: \$..... inc GST (refer to brochure)

Deceased's details Deceased's name Deceased's	
Deceased's name Deceased's and Decea	
Deceased's	
address	
State Postcode	
Date of Death	
Day Month Year	
Full names of joint holdings	

Please read the following carefully.

You will need to supply the following document to MUFG Corporate Markets as a CERTIFIED COPY ONLY. **Please do not send original documents.** A Certified Copy is a copy of the original document which has been certified as 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.

You will need to provide a Death Certificate.

2 Do you have the following document?		
Certified copy of the Death Certificate. (a Medical certificate as to Cause of Death is not acceptable)	Yes	Νο
3 Payment details		
Amount from above (GST included in total amount charged. A receipt will be issued). \$ CHEQUE / MONEY ORDER PAYMENT- Payable to "MUFG Corporate Markets (AU) Limited". CREDIT CARD PAYMENT		
TYPE OF CARD (please mark box): MASTERCARD VISA BANKCARD (American Express not accepted)		
CARD NUMBER: 20		
NAME ON CARD: SIGNATURE:		

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

Full name of person	
Telephone number	

5 Full name and address for return of completed forms

Full name of person										
Address										
State	Postcode									

6 Checklist: I have attached and completed	Please tick
Payment for this service	Yes
Certified copy of the Death Certificate	Yes
Contact name and telephone number	Yes
Name and address of the person to receive completed forms for signing	Yes

7 Signature

To be signed by the surviving holder(s) or Agent 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	

Personal Information Collection Notification Statement: MUFG Pension & Market Services ("MPMS") advises that your personal information is collected by MPMS organisations for the administration of your investment as required or permitted by the *Corporations Act 2001* (Cth) and other legislation. Some or all of your personal information may be disclosed to contracted third parties, or related MPMS companies in Australia and overseas. Your information may also be disclosed to Australian government agencies, law enforcement agencies and regulators, or as required under other Australian law, contract, and court or tribunal order. For further details about our personal information handling practices, including how you may access and correct your personal information and raise privacy concerns, visit our website at https://www.mpms.mufg.com for a copy of the MPMS privacy policy, or contact us by phone on +61 1300 554 474 to request a copy.