WA Will Bank

Public Trustee

Request for copy or withdrawal of Will by third party whilst Testator alive

In very limited circumstances, a third party may request a copy or withdrawal of a Will currently in safekeeping in the Public Trustee WA Will Bank. If you have a valid request, please complete this request form and send the original form and required **certified** identification by post to:

Attention: Securities Officer, Public Trustee, 553 Hay Street PERTH WA 6000

Alternatively, bring your completed form and your identification to our office between 8:30am-4pm (Mon to Fri). Please note: If you attend in person, we cannot retrieve the Will on the same day as your request. You can elect a return appointment to collect the copy/Will or the copy/Will can be mailed to you.

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

Surname:

Given name:

Middle name:

Date of birth / /

Address:

Suburb:

State: Post Code:

Date of Will (if known) / /

Requestor's details

Full name

Address:

Suburb:

State: Post Code:

Telephone (home):

Telephone (work):

Telephone (mobile):

Email address:

Office Use

MATE ID

Identification sighted ☐ Yes ☐ No

Signature of Requestor:

Date of Request: / /

☐ I request a copy of the testator's Will

☐ I request to withdraw the testator's 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.**

In very limited circumstances, a third party may receive a copy of or withdraw a Will. In order to make this request you will need to provide:

A Letter of Authority signed by the testator or appropriate proof of authority and reasons for the request; and

If Letter of Authority is provided, also provide current identification for the testator as referred to in the Public Trustee Identification Requirements list. If documents are sent by mail, identification must be certified by an appropriate person; and

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

Will be collected by _____

(Signature)

Will collect on (Date): _____

Reason for request

Additional Information

Disclaimer: We only collect the information we need to help you, and to meet our obligations. We do everything we can to keep your personal information safe. For more information see our Information Privacy Statement on our website. Should you choose not to provide information necessary for us to assist you, we may be unable to provide you with a service.