

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



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 certified identification by post to:

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

Alternatively, bring your completed form and your identification to our office between 8:30am - 4:30pm (Mon to Fri). Please note: If you attend in person, we are unable to retrieve your Will on the same day as your request. You can elect a return appointment to collect your Will or your Will can be mailed to you.

Testator details (circle): Mr, Mrs, Ms, Miss, Dr	Signature of Executor/Requestor:	
Surname:	Date of Request: / /	
Given name:		
Middle name:	☐ I request a copy of the testator's latest Will	
Date of Birth: / /	☐ I request to withdraw the testator's latest Will	
Most recent Address:	 Other, please provide details 	
Suburb:	Please provide reason for request in space	
State: Post Code:	provided over page	
Date of Will (if known): / /	Collection Method	
Fue outer/De guester's Details	- □ Send documents to my Address	
Executor/Requestor's Details	■ Release documents in person, at an arranged	
Full name:	appointment time.	
Address:	An executor, or in limited circumstance, a third party may request a copy or withdrawal of a Will	
Suburb:	currently in safekeeping in the Public Trustee's WA Will Bank upon the death of the Testator. In order to	
State: Post Code:	make this request you will need to provide:	
Telephone (home):	Appropriate proof of authority, being a death certificate or coroner's report; and	
Telephone (work):	·	
Telephone (mobile):	 Current identification for the executor/requestor as referred to in the Public Trustee Identification Requirements list. 	
Email address:	_ Koquilottiottis iist.	
Office Use	_	
MATE ID	Will Collected by (Signature)	
Identification Sighted Y/N	Will Collected on (Date)	

Reason for request	
Additional Information	