

# WA Will Bank Deposit Form



Public Trustee

WA Will Bank

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 (digital IDs are not accepted), to:

Public Trustee, 553 Hay Street PERTH WA 6000 Open: 8:30am-4pm (Mon to Fri).

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



**NEVER attach/clip/staple this form or any other document to your original Will.**

You may wish to tell your Executor/s the location of your Will.

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

Surname: \_\_\_\_\_

Given name: \_\_\_\_\_

Middle name/s: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth:        /        /

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.

**Previous Wills:**

Do you have any previous Wills?  Yes  No

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

**Execution check list**

**Is the Will:**

Dated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Signed by the testator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Witnessed by two people?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Office Use Only  
Tick if accurate

If the answer to any of the above questions is "No", this might cause a problem. The Public Trustee will accept the document, but suggests that you seek legal advice.

**Will condition check list**

**Does the Will have:**

Any pages missing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Alterations on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Exposed pin holes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Other documents attached to it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Clip marks on it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Any loose pages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

If the answer to any of the above questions is "Yes", this might cause a problem. The Public Trustee will accept the document, but recommends that you seek legal advice.

**Lodgment declarations:**

By signing this document, I acknowledge that:

- The information in this form is to the best of my knowledge true and correct.
- 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 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.

Testator Signature: \_\_\_\_\_

Date: / /

**To deposit, you will need to bring:**

- Original Will
- Two (2) forms of current identification for the testator (including passport, driver's licence or other approved photo ID). If documents are sent by registered mail, certified copies of ID are required.

**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 \$220 per Will will apply for third party deposits.

**Third party depositors will require:**

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

Please note: If testator is not present, certified copies of their ID are required.

Insert Full Name of Depositor: \_\_\_\_\_

Depositor Signature: \_\_\_\_\_

Date: / /

**OFFICE USE ONLY:**

Lodgment Date: / / Lodgment Officer: \_\_\_\_\_

MATE ID: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Testator ID 1 sighted:  Yes  Attached Testator ID 2 sighted:  Yes  Attached

Depositor ID 1 sighted:  Yes  No  N/A Depositor ID 2 sighted:  Yes  No  N/A

If any answer on the execution and Will condition check lists is not accurate, has the depositor been advised?  Yes  No

If needed, give details  
\_\_\_\_\_  
\_\_\_\_\_