



Request for copy or withdrawal of Will by Testator

To request a copy or to withdraw **your** Will currently in safekeeping in the Public Trustee's WA Will Bank, please complete this request form. 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 8:30 am - 4:30 pm (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, Mis	
Surname:	Public Trustee holds
Given name:	I request to withdraw my most recent Will that the Public Trustee holds.
Middle name:	Other, please provide details.
Address:	Please provide reason for request for our records (continue over page, if required)
Suburb:	
State: Post Code:	Collection Method
DO Pays	Send documents to my Address/ PO Box
PO Box:	Release documents in person, at an arranged appointment time .
Suburb:	To request a copy or withdrawal of your Will,
State: Post Code:	you will need to provide: Current identification for the testator as referred to in the Public Trustee
Telephone (home):	Identification Requirements list. If documents are
Telephone (work):	sent by mail, identification must be certified by an appropriate person.
Telephone (mobile):	In limited circumstances, a third party may receive
Email address:	a copy of or withdraw your Will, they will need to provide: A Letter of Authority signed by the testator
Date of Birth: / /	or appropriate proof of authority and reasons for the request; and
Date of Will (if known): / /	If Letter of Authority is provided, also provide
Full name of requestor	current identification for the testator as referred to in the Public Trustee Identification Requirements
Signature of requestor	list. If documents are sent by mail, identification must be certified by an appropriate person; and
Date of request	Current identification for the collector as referred to
	in the Public Trustee Identification Requirements list.
Office Use	
MATE ID	Will be collected by
	(Signature)
Identification sighted Yes	No Will collect on (Date):

June 2023 Page 1 of 2

Reason for request (continued)		
	_	
	_	
Additional Information		
	_	

June 2023 Page 2 of 2