



Rabobank

October 2026

Deceased Estate Indemnity Form

We're here to help

Rabobank Australia Limited
ABN 50 001 621 129 AFSL 234 700

To contact your nearest branch
please call 1300 30 30 33

For Rabobank Online Savings
please call 1800 445 445
www.rabobank.com.au

The purpose of this form is to indemnify Rabobank for funds being released in relation to a Deceased Estate where no Grant of Probate or Letters of Administration have been produced.

If you have been dealing with your local branch or Account Manager, please return the completed form directly to them.

For Rabobank Online Savings Account(s), once complete, please return by:

- Email: ROSDDataManagement@rabobank.com
- Mail: Reply Paid 4715, Rabobank Online Savings, Sydney NSW 2001

I,
(Full name of declarant)

of
(Address of declarant) in Australia

(Occupation of declarant)

I,
(Full name of declarant)

of
(Address of declarant) in Australia

(Occupation of declarant)

confirm the following:

1. Full name of deceased

who died on (Date of death) / / as evidenced in the attached certified copy of the Death Certificate or other document acceptable by Rabobank, was at the date of death an account owner of the following Rabobank account(s):

Account number(s)	Account Balance(s)
	\$
	\$
	\$

(if more than 3 accounts held with Rabobank a separate Deceased Estate Indemnity Form will need to be completed)

2. The deceased, to the best of my knowledge, did not leave any Will or other testamentary writings: ☐ Yes ☐ No

3. I/We am/are (please tick which is applicable):

☐ Spouse ☐ A child of the deceased ☐ Executor named in the Will of the deceased and a certified copy of the Will is attached to this form.

4. To the best of my knowledge the estate of the deceased is clear of debt and there is no liability for death or probate duties.

5. I/We claim payment of the money in the account(s) to which the deceased was entitled upon the grounds that I/we am/are:

☐ Spouse ☐ A child of the deceased ☐ Executor named in the Will of the deceased

6. I/We shall apply the said money in due course of administration of the deceased estate as the laws of Australia requires. In consideration of Rabobank releasing the aforesaid funds, I/we bind myself/ourselves to protect Rabobank from all claims and responsibilities, legal or otherwise, which may reasonably arise in connection with the said account(s) or the payment of the balance therefore as aforesaid and also against all amounts Rabobank may reasonably be called upon to pay and all costs, charges and expenses which Rabobank may reasonably incur in connection therewith except where it involves the fraud, negligence or willful misconduct of Rabobank or its employees, officers, contractors, agents or appointed receivers in the provision of services related to this form.

7. I/We request Rabobank to close the account(s) of the deceased and pay the money by credit to the account of:

BSB No.	Account number	Account Name

Where two or more persons are parties hereto this indemnity and the obligations and agreements on their part herein contained or implied shall bind them and every two or greater number of them jointly and each of them severally.

Name of Declarant	Date / /	Name of Declarant	Date / /
Signature of Declarant		Signature of Declarant	
Name of Declarant	Date / /	Name of Declarant	Date / /
Signature of Declarant		Signature of Declarant	