

# WA Will Bank Deposit Form

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, to:

The Public Trustee, 565 Hay St, Perth WA 6000  
Open: 8:30am – 4:15pm (Mon to Fri)

Alternatively, please send all the required documentation by registered post. You will be contacted to confirm your identity.



Public Trustee



## Testator details:

Mr, Mrs, Ms, Miss, Dr

Surname:

Given name:

Middle name/s:

Address:

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, Dr

Surname:

Given name:

Middle name/s:

Address:

Suburb:

State: Postcode:

Home telephone:

Mobile:

Email address:

Date of birth: / /

Have you informed you executor/s that he/she is executor of your will and that the will is stored in the Public Trustee's WA Will Bank?

Yes  No

IF NO: Do you consent to the Public Trustee, prior to your death, informing your executor/s that he/she is executor of your will and that the will is stored in the Public Trustee's WA Will Bank?

Yes  No

**Previous Wills:**

Do you have any previous Wills?  Yes  No

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

**Lodgement declarations (check boxes):**

By signing this document, I acknowledge that:

- The Public Trustee might not check the contents of my Will.
- 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 whether it is valid.
- 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.

Do you wish to receive correspondence regarding your Will or changes to legislation that may affect your Will?  Yes  No

**Bring with you (check boxes):**

- Original Will
- Two (2) forms of current identification for the testator (including passport or drivers licence or other photo ID, if available). If documents are sent by registered mail, identification must be signed by a Justice of the Peace.

Testator Signature:

Date:                     /                     /

**Third party deposits (if applicable)**

Additional declarations (check boxes):

- I confirm that the testator is alive at the time of lodging this Will.
- I understand that a lodgement and storage fee of \$195 per Will may apply for third party deposits.

**Third party depositors bring with you (check boxes):**

- Original Will
- If depositor is not the testator or their legal representative, please bring two (2) forms of current identification for both the depositor and testator (including passport, drivers licence or other approved photo ID, if available).

Depositor Signature:

Date:                     /                     /

**OFFICE USE ONLY:**

Lodgement Date:                     /                     /

Lodgement Officer: \_\_\_\_\_

MATE ID: \_\_\_\_\_

Testator Identification 1 sighted (specify details): \_\_\_\_\_

Testator Identification 2 sighted (specify details): \_\_\_\_\_

Depositor Identification 1 sighted (if applicable, specify details): \_\_\_\_\_

Depositor Identification 2 sighted (if applicable, specify details): \_\_\_\_\_

**Will condition check list:**

- Original Will  Yes  No
- Dated  Yes  No
- Signed  Yes  No
- Witnessed by two parties  Yes  No
- Executor named  Yes  No
- Alterations on document  Yes  No
- Exposed pin holes  Yes  No
- Clipped to other documents  Yes  No
- Clip marks  Yes  No

Total number of pages: \_\_\_\_\_

If more than 1 page: Bound  Yes  No  Not Applicable

Receipt Number: \_\_\_\_\_