

Appointment of Representative



To Colonial First State Investments Limited (CFSIL) and Avanteos Investments Limited (AIL)

I (Name)

of (Address)

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>						

1. I am the deceased's (Please insert relationship to deceased)

2. and therefore entitled to: (Please tick the correct alternative)

☐ apply for probate/letters of administration in respect of:

☐ benefit from:

the Estate of the late (Name of the Deceased)

of (address)

Unit number	<input type="text"/>	Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>			State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>						

who died on the day of 20

3. At the time of death, the deceased was the lawful owner of the following account(s) held or managed by CFSIL and/or AIL:

Account number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. I authorise:

(Name of representative – can be a company or an individual)

to represent me in connection with the payment of any benefit which results from the death of the deceased which includes the provision of information (including personal information) to the representative but does not extend to receipt of payment of any such benefit.

5. I indemnify CFSIL and AIL against any liabilities whatsoever arising as a result of this appointment of representative.

Signed

Dated