

### **Deceased Estate Statement**

#### Form Instructions:

This statement is to be used to transfer shares from a deceased Hepburn Energy Member to beneficiaries where the deceased estate holds any number of Hepburn Energy shares and Probate has been granted or Letters of Administration have been issued.

Applicants for the transfer of shares (proposed transferee beneficiaries) may be new or existing members of the Cooperative. Each beneficiary will also need to complete a Deceased Estate Share Transfer Application form unless applying for a joint account. Please view the Hepburn Energy Share Deceased Estate Information Booklet on the memberships page of our website - www.hepburnenergy.coop/membership along with other important member documents.

For any questions please contact community@hepburnenergy.coop

The instructions below are cross-referenced to each number in the Form. Please complete the form using a computer or in black pen using capital letters.

- **1.** Full name of the registered holding and Hepburn Energy membership as stated on the Hepburn Energy statement of holding.
- **2.** The SRN can be found on the Hepburn Energy statement of holding. Listed as a holder number, SRNs should begin with the letter I (capital i) followed by the number e.g. I09900112345. Please contact community@hepburnenergy.coop if the SRN is not known.
- **3.** This is the total number of Shares registered in the name under the SRN in figures.
- **4.** A contact name and email. These contact details will become the primary contact for the estate going forward in relation to this form. They should be associated with the address details listed in Part C. Please note, Hepburn Energy is primarily a paperless office and most future correspondence will be delivered to this email address.
- **5.** Number of proposed transferee beneficiaries that the deceased member's shareholding is to be distributed to
- **6.** Complete details of each proposed transferee beneficiary: full name, address and total shares to be transferred
- 7. The full name(s) of all Executor(s) or Administrator(s).
- **8.** Address details to be added. Please note that only one address can be recorded. This should be the address for the delivery or all future hardcopy correspondence if necessary.

#### **Signing instructions:**

All Executor(s)/Administrator(s)/Transferee Beneficiary(s) must sign in the presence of a witness who is known to them.

Subject to compliance with applicable law, this document may be executed electronically and an executed facsimile or electronic copy of the same will serve as a legal and binding arrangement with the same force and effect as the original.

### **Submitting your Form:**

If you require further information on how to complete this Deceased Estate Statement please contact community@hepburnenergy.coop



**Email completed form to:** community@hepburnenergy.coop **OR Post completed form to:** Hepburn Energy, PO Box 225, Daylesford VIC 3460



# **Deceased Estate Statement**

| PART A: Deceased Estate Details:            |                 |                           |                                   |
|---|-----------------|---------------------------|-----------------------------------|
| 1. Shareholding Name of Deceased Estate:    |                 |                           |                                   |
| 2. Security Reference Number (SRN) of Dec   |                 |                           |                                   |
|   |                 |                           |                                   |
| 3. Quantity of Shares for Transfer:         |                 |                           |                                   |
|   |                 |                           |                                   |
| Contact E-mail:                             |                 |                           |                                   |
|   |                 |                           |                                   |
|   |                 |                           |                                   |
| PART B: Proposed Transferee Benefic         | iary Details    | :<br>:                    |                                   |
| ,   | ,               |                           |                                   |
| 5. Number of transferee beneficiaries:      |                 |                           |                                   |
| 6. Please complete the full name, address a | and total share | es to be transfered to ea | ach transferee beneficiary below: |
| Transferee Beneficiary Name:                |                 |                           |                                   |
| Residential Street Address:                 |                 |                           |                                   |
| Town/Suburb:                                | State:          | Postcode:                 | Country:                          |
| Number of shares to be transferred:         |                 |                           |                                   |
|   |                 |                           |                                   |
| Transferee Beneficiary Name:                |                 |                           |                                   |
| Residential Street Address:                 |                 |                           |                                   |
| Town/Suburb:                                | State:          | Postcode:                 | Country:                          |
| Number of shares to be transferred:         |                 |                           |                                   |
| Transferee Beneficiary Name:                |                 |                           |                                   |
| Residential Street Address:                 |                 |                           |                                   |
| Town/Suburb:                                |                 |                           |                                   |
| Number of shares to be transferred:         |                 |                           |                                   |

If there are further transferee beneficiary please add the details to the end of this form



# Deceased Estate Statement

| PART C: Executer/Administrator/Next of Kin details:   |                            |                     |          |  |  |  |  |  |  |
|---|----------------------------|---------------------|----------|--|--|--|--|--|--|
| I/We do solemnly and sincerely declare I am/we are the legal representative(s) for the above deceased estate  I/We hereby jointly and severally covenant that this information provided in this document is true and correct and that there are no other potential beneficiaries of the Deceased's estate other than those specified in this document  7. Full Name (s) of Executor(s) or Administrator(s): |                            |                     |          |  |  |  |  |  |  |
|   |                            |                     |          |  |  |  |  |  |  |
|   |                            |                     |          |  |  | 8: Address of the Executor(s) or Administrator(s). Only one address can be recorded. |  |  |  |
| Residential Street Address:   |                            |                     |          |  |  |  |  |  |  |
|   |                            |                     | Country: |  |  |  |  |  |  |
| Further Application Notes   |                            |                     | Date:    |  |  |  |  |  |  |
| Please add further note hei   | e if the space provided in | the form was insuff | ficient  |  |  |  |  |  |  |
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|   |                            |                     |          |  |  |  |  |  |  |
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|   |                            |                     |          |  |  |  |  |  |  |
|   |                            |                     |          |  |  |  |  |  |  |