

Form ID #FDDCSP004 Account details form for Estate payments

Account details form for Estate payments

This form is for the executor of a deceased estate to nominate their preferred account for DDC to use to deposit monies owed to the estate. This form needs to be submitted with the following:

- · a copy of the worker's Will/Probate or administration document
- proof of the account nominated such as top section of bank statement.

1. Personal details

 Deceased worker's name:
 DDC client reference number:

2. Remittance details

Executor name:

Address:
City:
State:
Postcode:
Please complete the following information for remittance advice:

Email for the remittance advice:

OFFICIAL

OFFICIAL

3. Estate account details

Bank (e.g. ANZ):

Account name (e.g. R Green Pty Ltd):

BSB number:



Account number:

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4. Name and signature of executor

Name

Signature

Date

Dust Diseases Care GPO Box 5323, Sydney NSW 2001 General Phone Enquiries: 1800 550 027 Fax: 02 9279 1520 Email: <u>DDCenquiries@icare.nsw.gov.au</u> www.icare.nsw.gov.au

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