СОТА	
BEREAVEMENT SUPPORT	



Part A – The representative

See 'How to complete the form' on the last page.

If you are a representative of the deceased, please complete this part

	(Name of representative(s))
As representative for (deceased estate)	
	(Name of deceased customer)
I confirm that I act on behalf of the deceased in	the capacity of (please tick):
Executor Trustee Administrate	or Other (please specify)
Final mailing address;	
Representative's home phone number;	
	Include copies of the following documents, where applicable;
Representative's mobile number;	Death certificate
	Will or probate
Representative's email address;	 Letter from Executor/Administrator A letter from the solicitor
	Letters of administration

I confirm that I am the Representative of the deceased customer named above ('Estate') and I am authorised to deal with COTA Insurance on behalf of the Estate and make changes to the account as outlined in this form. I confirm that the information I have provided in this form is correct.

Part B – Cancellation of a policy



Complete this part to cancel an insurance policy

I request the cancellation of the following COTA insurance(s), as set out below.

Please state the cancellation date, policy number and type of insurance.

Date:	/	/	Policy Number:	Type:	
Date:	/	/	Policy Number:	Туре:	
Date:	/	/	Policy Number:	Туре:	
Date:	/	/	Policy Number:	Туре:	
Date:	/	/	Policy Number:	Type:	

* Please note that once a policy has been cancelled it cannot be reinstated.

Part C – Change ownership of an insurance policy

Complete this part to transfer insurance(s).

Transferring House & Contents insurance can only be completed once probate has been granted or the title transferred. For Car Insurance the car will need to be registered in the new owner's name.

A new policy would be required for all transfers of insurance. A consultant will contact you to arrange the transfer.

I request the transfer of the following COTA Insurance(s) into the name as per Part A.

Policy Number:	Type of insurance:	
Policy Number:	Type of insurance:	
Policy Number:	Type of insurance:	
Policy Number:	Type of insurance:	
Policy Number:	Type of insurance:	

Representative's signature



HOW TO COMPLETE THE FORM

COTA

You can return this form by:

Mail: COTA Insurance

Reply Paid 84695

Adelaide SA 5000

Email: Scan a copy of the form add 'Bereavement Support' in the subject line and email to insurance@cota.com.au Include copies of the following documents, where applicable;

- Death certificate
- Will or probate
- Letter from Executor/Administrator
- A letter from the solicitor
- Letters of administration

This form enables the representative(s) of a deceased customer to cancel or transfer all COTA insurances that are in the name of the deceased.

Please complete all relevant sections in this form to ensure that the required action can be completed for the insurances of the deceased customer. If you require additional information on the insurance that is in the name of the deceased, please contact us on 1300 1300 50.

For each relevant insurance, select if you want to transfer the service into the name of another person or cancel the insurance. By completing and returning this form, you are authorising a COTA representative to follow through with your request and contact you to discuss any further details or requirements such as unoccupancy of a house.

Part A – Who can be a representative of a deceased estate?

To prevent fraudulent activity and privacy breaches, only people who are authorised to act on behalf of the deceased customer can access and change that customer's insurance. Representatives are required to provide a copy of the death certificate, they must state that they're authorised to act on behalf of the deceased customer. The people with the following relationship to the Deceased Estate will be accepted by us to act as their representative:

- An Executor, Administrator or Trustee of the deceased's estate
- A lawyer or solicitor administering the will
- An authorised representative listed on the account

Part B – Cancellation of a service

Please complete this section by specifying the insurance(s) to be cancelled. Please note that once a policy has been cancelled it cannot be reinstated.

Part C – Transfer of service

Please complete the transfer section by allocating the insurance(s) to be transferred and completing the details of the new policy holder section of the COTA Bereavement Support Form. If a transfer involves multiple parties, please use a separate transfer form for each service.