Transfer or close an amaysim account

due to loss of a loved one

Please accept our condolences. The death of someone close is always a difficult time, so we're here to help you manage their amaysim services as simply as possible.

Part A - Who can be a representative?

A representative can act on behalf of the deceased customer and can manage their accounts and services.

A representative can be:

- an executor, administrator or trustee of the deceased's estate
- a lawyer or solicitor administering the will
- next of kin (an immediate family member such as a parent, son/daughter, sister/brother, grandchild, surviving spouse or guardian over the age of 18)
- a power of attorney
- · an authorised representative listed on the amaysim account

Part B - Service(s)

Please complete this section and indicate whether the service(s) are to be cancelled or transferred into a different account holder's name.

Prepaid services

We're unable to refund any unused credit for a Prepaid service that is cancelled.

Part C - Transfer details

Please complete this section to transfer any services listed in Part B (page 4) to the new account holder.

If the services are to be transferred to different people, please submit separate forms for each person. Please only include the information relevant to each new account holder.

You only need to complete Part C if you are transferring services to a new account.

Return this form and any supporting documentation by:

Email:

mnpsupport@amaysim.com.

Mail:

amaysim Bereavement Care, PO Box R567 Royal Exchange NSW 1225

What happens next?

Our specialised team will be in touch by phone or email within 10 business days.

Once your request has been processed, we'll send confirmation that your request has been completed.

Part A - The representative

Your name:]	
I confirm that	I can act on behalf (of the deceased in th	ne capacity of (please t	iick)
☐ Executor	Trustee	☐ Next of Kin	Administrator	Power of Attorney
☐ Solicitor /	Lawyer administeriı	ng the will	Authorised representat	cive on the amaysim account
If we need to d	contact you, how wo	ould you prefer to be	contacted? (please sel	ect at least one)
Phone	Your phone number	:		
☐ Email	Your email address	:		
Letter	Your postal address	s:		
The decease				
Please provide	e details for the dece	eased account holder	r.	
First name:			Middle name (optional)	:
Surname:			Other names (optional)	:
Date of birth:		C	amaysim account or sei	rvice number:
Email address	5:			
1				



Representative's Identity

We must identify you so that we can ensure you have the ability to act on behalf of the deceased. You must provide ONE of the following pieces of information to enable us to verify your identity electronically. Identity documents must be current, expired documents will not be accepted. If we are not able to successfully verify your identity, we will contact you to let you know.

By providing the below information, you consent to your identity information being checked with the Issuer or Official Record Holder.

Option 1 – Australian Driver's license information	
Full Name as appears on License:	
State of Issue: License No:	Card No:
Option 2 – Medicare card information	
Full Name as appears on Medicare Card:	
Medicare Number: (Important This that is next to your name on the card)	s must be 11 digits and include the number
Note (We can only accept the use of Green Medicare Cards)	
Expiry date: (DD/MM/YY):/	
(If your card only shows MM YYYY, leave the DD field blank.	
Option 3 –International & Australian Passport	
Full Name as appears on Passport: (If you name appears differently on a Visa Grant Letter, please use the r	name on the Vica Grant Letter
Passport Number:	nume on the visa orant Letter)
Issuing Country:	
1330IIIg Country.	
Representative's signature	Date signed



Part B - Service(s)

Use the section below to list any service(s) owned by the deceased.

To close an account, all service(s) must be cancelled or transferred to a different account holder. We'll notify you on how to return any devices, set top boxes and accessories.

Service(s) on the deceased's account(s)	Cancel	Transfer to a new account holder
		\bigcirc

Important information when transferring a service

When transferring service(s), most plans and features will continue to apply. If all services in a bundle are not transferred, then some discounts may no longer apply. We'll contact you if the plan or any applicable discounts are not available.

Direct Debit

Any existing Direct Debit arrangements will be cancelled. To set up Direct Debit once your service has been transferred, please register for <u>My amaysim</u>, or download the amaysim app.

Voicemail greeting

Once cancelled the voicemail greeting is no longer available. If transferring the service, please set up a new voicemail greeting by dialing 321 from the service.



Part C - Transfer details

If the services are being tra person. Please only include			orms signed by each
Title: Full r	name:	Date of	birth:
Do you have an existing am (Note: This excludes the de	•	ne that you'd like the service	e(s) transferred to?
Yes No			
If yes , please provide your o	account or service number:		
If no , please complete the b		will set up a new account fo	r you.
Title: (Mr, Mrs, Miss etc)	Indian		
Full Name (As appears on identity document)			
Date of Birth (must be older than 14 years of age)			
Contact Number			
Email Address (We will contact you with instructions)			
Residential Address (PO Box NOT Permitted)			



New Account Holder identity information

We are required by law to verify your identity before we are allowed to transfer a service into your name. You must provide ONE of the following pieces of information to enable us to verify your identity electronically. Identity documents must be current, expired documents will not be accepted. If we are not able to successfully verify your identity, we will contact you to let you know.

Option 1 – Australian Driver's license information				
Full Name as appears on License:				
State of Issue: Licence No: Card No:	-			
Option 2 – Medicare card information				
Full Name as appears on Medicare Card:				
Medicare Number: (Important This must be 11 digits and include the number that is next to your name on the card)	er			
Note (We can only accept the use of Green Medicare Cards)				
Expiry date: (DD/MM/YY):/				
(If your card only shows MM YYYY, leave the DD field blank.				
Option 3 –International & Australian Passport				
Full Name as appears on Passport:				
(If you name appears differently on a Visa Grant Letter, please use the name on the Visa Grant Letter)				
Passport Number:				
Issuing Country:				



Transfer or close an amaysim account

The Agreement (New Account Holder must sign)

Before you agree to accept transfer of ownership, you need to inform yourself about the service, the plan allowances and fees and the ongoing cost of the service.

I request amaysim to transfer the legal responsibility of the services listed above from the Current Account Holder, whose details appear in Section 2 of this form to me, the New Account Holder.

I, the New Account Holder, acknowledge and agree:

- that if amaysim accepts this request, the above services will be provided by amaysim to me, the New Account Holder, and in accordance with, and I agree to be bound by, amaysim's <u>Standard Form of</u> <u>Agreement</u> and have had the opportunity to review the <u>Critical Information Summary</u> applicable to the services listed above;
- 2. that acceptance of this request by amaysim is subject to amaysim's ordinary ID verification process and amaysim's standard terms and conditions (see below);
- 3. to start a new account with amaysim using the Pre-paid billing option;
- 4. to organise a payment method for the use of the service via an approved payment method via My Amaysim;
- 5. that amaysim may not be able to retain the existing plan structure on the services listed above, including any voice and data balances and may need to transfer the services to the As You Go plan, in which case a new plan will need to be added by me via My Amaysim;
- 6. to amaysim's privacy policy
- 7. I will be liable for all debts incurred on the services listed above on and from the date of transfer;
- 8. I consent to my identity information being checked with the Issuer or Official Record Holder;
- 9. that if I am under the age of 18, I have the consent of a parent / guardian or responsible adult to use the amaysim service; and
- 10. that I will not seek to recover any direct or indirect loss or damage I have suffered or may suffer (either directly or indirectly) as a result of the transfer.

I make this request as the New Account Holder

Full Name			
Signature			
Date	/	/	



Checklist

You'll need to provide some documentation with this form easier.	n. We've created a checklist to make it			
Completed and signed the form				
Listed all services and indicated if they should be ca	Listed all services and indicated if they should be cancelled or transferred			
 One of the following to confirm you can act as a representative A statutory declaration confirming your authority to act A letter confirming the executor, administrator or trustee of the estate A letter from a lawyer or solicitor administering the will 				
Details from one of the following at Part A to confi • Drivers' license • Passport • Medicare Card	rm your identity as a Representative			
One of the following as proof of death				
 Death certificate Grant of Probate Death notice Letters of Administration 	Doctors' medical certificateFuneral bill			
Link to funeral notice or obituary:				
If you're transferring service(s), (Part C) we'll need to transferring the service to.	o verify the identity of the person that we are			
 Drivers' license Passport Medicare Card 				

Form may take up to 10 days to be processed by amaysim. Please scan and send the form to: mnpsupport@amaysim.com.au

We'll be in touch with your account login details.

