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## Telstra Small Business Bereavement

### Here's how to complete the form

Losing a work colleague is difficult, so we want to make managing their Telstra services as simple as possible.

### Part A – Who can be a representative of a Deceased customer?

Only people who are authorised to act on behalf of the Deceased customer can access and change that customer's account and services.

Representatives aren't required to provide a copy of the death certificate, but they must be one of the following:

- The executor, trustee, or administrator of the estate:
- The Deceased's next of kin:
- A person with a suitable power of attorney from the Deceased;
- A lawyer or solicitor administering the Deceased's will; or
- An authorised representative listed on the Deceased's account.

#### Part B - Service(s)

In Part B, you can specify if you would like all services on an account to be transferred or cancelled, or you can specify for individual services.

We will notify you on how to return hardware and leased equipment, as this cannot be returned to Telstra stores or the address on this form.

#### Part C - Transfer details

In Part C, let us know what services we need to transfer.

If services are being transferred to different businesses or individuals, please submit separate forms with only the information relevant to the incoming customer.

### Part D – Opening a new business account

In Part D, if you do not already have a business account with us, let us know the trading information and details specific to the new business.

### Part E - Information about the new owner

In Part E, we require some of your personal details in order to complete a credit assessment. You'll need to provide 100 points of ID.

For more information on what ID you can provide to Telstra, including a comprehensive list of acceptable identification, please visit telstra.com/idcheck

Your application cannot proceed if this information is not provided.

If you need a Directory Listing, Caller Identification or Priority Assist, you need to select your preferences.

This form is only suitable for Business Customers with ABN's.

Customers without ABN's should complete the Consumer Bereavement form.

This form lets the representative of a Deceased customer cancel or transfer their Telstra services.

If you are the account holder and someone that used a service on your account has passed, you can also use this form to cancel or transfer that service.

Please complete all the relevant sections so that we can assist you as soon as possible.

Once you've returned this form, we may contact you to discuss any further details, such as hardware or equipment return.

Where a customer is critically ill or in palliative care, please contact Telstra on 13 22 00 and say 'Critical Illness.'

You can return this form by:



Email Scan a copy of the form, add 'Bereavement Support' in the subject line and email to bereavement@support-team.telstra.com



Mail Telstra Bereavement Support Locked Bag 20026, Melbourne VIC 3001

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### Part A - The Representative

| Your name  | Date of birth                       |   |  |  |  |  |  |
|--|-------------------------------------|---|--|--|--|--|--|
| I confirm that I act on behalf of the Deceased in the capacity of (please tick):   |                                     |   |  |  |  |  |  |
| Executor   | Next of Kin                         | Solicitor/Lawyer administering the Will |  |  |  |  |  |
| Trustee  | Administrator                       |   |  |  |  |  |  |
| If we need to confirm more details, how v  | vould you prefer to be contacted    | ?                                       |  |  |  |  |  |
| Phone Email Letter   |                                     |   |  |  |  |  |  |
| Your phone number  | Your email                          |   |  |  |  |  |  |
| Final bill address or email  |                                     |   |  |  |  |  |  |
| The Deceased   |                                     |   |  |  |  |  |  |
| Did the Deceased customer identify as A  | boriginal and/or Torres Strait Isla | ander? Yes No                           |  |  |  |  |  |
| Name   |                                     |   |  |  |  |  |  |
| (Optional for Aboriginal and/or Torres Str   | ait Island customers)               |   |  |  |  |  |  |
| Date of birth  | of birth Date of death              |   |  |  |  |  |  |
| Was the Deceased the account holder or   | a user of a service on your acco    | unt?                                    |  |  |  |  |  |
| Account holder Service user  |                                     |   |  |  |  |  |  |
| Please complete as applicable:   |                                     |   |  |  |  |  |  |
| Company Name (as per ASIC) – if applica  | ble                                 | ACN                                     |  |  |  |  |  |
| Business Trading Name  |                                     | ABN/ARBN                                |  |  |  |  |  |
| I confirm that I'm the Representative of<br>deal with Telstra on behalf of the Estate<br>in connection with Telstra acting on my | . I agree to compensate Telstra :   |   |  |  |  |  |  |

**Date signed** 

Telstra Only Case #

Representative's signature



### Part B - Service(s)

Complete this part with all the service(s) on the account.

For the account to be finalised, the service(s) must either be cancelled or transferred.

We will contact you on how to return any hardware or equipment. You can specify if you would like all service on an account to be transferred or cancelled, or you can specify for individual services.

If specifying for individual services, please provide the number or ID for each of the Deceased's Telstra services you would like to transfer or cancel. This includes Landline, Inbound Services, Mobiles, Internet, email addresses, Telstra App Marketplace, Telstra Business Services and Telstra Business Systems. If you are unsure, review a recent bill or contact us on **13 2200** and say 'Bereavement Support'.

| Specify for whole of |          |        | Or specify for        |          |        |
|----------------------|----------|--------|-----------------------|----------|--------|
| account number(s)    | Transfer | Cancel | individual service(s) | Transfer | Cancel |

### Would you like a copy of the voicemail greeting of any of the services listed?

Yes Number(s) with voicemail

Not required

How would you like to receive the recording? Email CD

#### **Telstra Plus**

Telstra Plus is our rewards program that recognises you for being with us. You can earn points based on your eligible spend and use your points towards discounts on products in the Rewards Store.

If the Deceased had Telstra Plus points, would you like them transferred to your account? Yes No

(Please note that you will need to sign up for a Telstra ID at <u>id.telstra.com.au/register</u> prior to the points been transferred.)



#### Please note - services to be transferred

- Services to be transferred can include but not limited to:
  - Landline services:
  - Mobile services (including leased services);
  - Internet (Fixed and Wireless).
- Trusts and Partnerships are not legal entities in their own right and must be represented by either the Trustee or Partner, being a legally authorised Individual or a Trustee or Partnership Company's director. The Trustees or Partners will be liable for all debts incurred in respect of a service.
- Some services can't be transferred and will need to be disconnected and a new service set up. Please visit telstra.com to find out if your service can be transferred.
- The new owner can obtain a copy of the Critical Information Summary associated with the plan being transferred from **telstra.com** (search Critical Information Summary).
- When services in a bundle are nominated to transfer (e.g. Digital Office Technology (DOT), BizEssentials, Telstra Bundles, etc), all services within the bundle will move to the new owner.

To discuss your pricing options after the transfer has taken place please contact Telstra on 13 20 00.

### TBS (Telstra Business System)/Phone System Business to Business transfers only.

If the TBS/Phone System is under a Finance Contract, you'll need to contact Capital Finance on 1300 133 873 to organise the transfer independently. Applies to services on your bill referencing 'Finance Repayment Capital' against the 10 digit TBS number under 'Other Charges & Credits'. All TBS agreements with Capital Finance repayment options are between the contract signatory and Capital Finance directly.

Telstra acts on behalf of Capital Finance as a third party biller and is unable to make changes to the billing details of the finance contract without their approval. Capital Finance may charge a transfer fee. Until Capital Finance has agreed to the transfer, charges will continue to bill to the current owner. Upon Capital Finance confirming approval of the transfer to the new legal entity, Telstra will be notified directly of the new entity details and all TBS/Phone System charges (including maintenance) will be transferred to the new owner.



### Part C - Transfer Details

If services are being transferred to different people, please submit separate forms with only the information relevant to the incoming customer.

| Title (Mr, Mrs, e                   | tc.)                                 | Full name                              |                                  |   |               | Date of birth |
|-------------------------------------|--------------------------------------|--|----------------------------------|---|---------------|---------------|
| Do you have an<br>(Not the Decea    |                                      |  | you would like                   | the service(s) tr                       | ansferred to? |               |
| Yes                                 | No                                   |  |                                  |   |               |               |
| If Yes, please st                   | ate the ac                           | count or service                       | number                           |   |               |               |
| How would you                       | like to rec                          | eive your bill?                        |                                  |   |               |               |
| Email                               | Paper                                | Braille                                | А3                               |   |               |               |
| Bill address                        |                                      |  |                                  |   |               |               |
| I warrant that I<br>I have read and | am author<br>understar<br>that the l | nd all statement:<br>egal responsibili | s request on b<br>s made in this | ehalf of the incor<br>application form. | •             | e new owner   |
| Full name                           |                                      |  | Date o                           | of birth                                | Email address |               |
| Please complet                      |                                      | cable:<br>SIC) – if applical           | ole                              |   | ACN           |               |
| Business Tradir                     | g Name                               |  |                                  |   | ABN/ARBN      |               |
| Business Addre                      | ss (must I                           | oe a fixed addres                      | ss, cannot be a                  | PO Box address,                         | etc.)         |               |
| Level/Unit no. e                    | tc.                                  | Street ad                              | ldress                           |   |               | Postcode      |
| Business Mailir                     | ng Address                           | s (if different to E                   | Business Addre                   | ess above.)                             |               |               |
|                                     |                                      |  |                                  |   |               |               |
| Signature                           |                                      |  |                                  | Date signed                             |               |               |



### Part E – Information about the new owner Identification

Primary ID (e.g. Australian Driver's Licence or Australian Passport - see Table A for full list.)

Document type Document number Expiry date

Secondary ID (e.g. Medicare card - see Table B for full list.)

Document type Document number Expiry date

Medicare card only: Name and Individual Reference Number (IRN)

**Mobile transfers only:** If you haven't been an existing Telstra customer for more than twelve months, you'll need to attend a store with 100 points of identification and this form.

Sighted by (staff ID)

#### **Directory Listing**

Your Directory Listing setting determines whether your name, address and phone number will be included in the printed and online White Pages and Directory Assistance.

### **Directory Listing options**

List my details – Your details will be published in the printed and online White Pages and available via Directory Assistance.

Do not list my details – Your details will not be published in the printed and online White Pages and available via Directory Assistance.

### **Caller Identification**

Your Caller Identification settings determines whether your phone number is visible to people when you call from your landline.

Caller ID On – Your Caller ID will be visible when you call others.

Caller ID Off – Your Caller ID will not be visible when you call others.



### **Priority Assist**

Telstra offers a priority assistance service for customers (and those that live with them) who:

- · Have been diagnosed with a life-threatening medical condition with a high risk of deterioration; and
- Whose life may be at risk without access to a fully operational standard telephone service.

If you require access to the Priority Assist service, you must:

- Fill in the details of the service number that requires the Priority Assist below before you submit this Bereavement Application form; and
- Complete the Priority Assist form and submit it along with any required documentation to the email, fax or post details on the form within 28 days of submission of this Bereavement Application form.

You can obtain a copy of the Priority Assist application form by:

- Going to Telstra.com and searching 'Priority Assist'
- Contacting Telstra on 13 2200
- · Going to a Telstra store

Priority Assist covers one fixed phone service per premises. If you have multiple premises, please complete this application form and submit the Priority Assist form for each phone line requiring Priority Assist.

I am eligible for Priority Assist access on service number:

As part of your bereavement request we will provide you with provisional Priority Assist access until your Priority Assist application form has been received and approved.

Should we determine you are not eligible for Priority Assist, we may charge you additional fees for the period of time you received the provisional Priority Assist service.

Note: Please be aware that the Priority Assist service will be added on the date of the service transfer (minimum of 7 working days post request). If you currently do not have access to a reliable mobile phone service that can be used in the event of an emergency while we are progressing the bereavement request, please call Telstra on 13 2200 so we can ensure you have an alternative working service.



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# **Telstra Small Business Bereavement**

By signing this form, I agree that I will be responsible for paying any fees or charges for this service and any associated devices or accessories:

- (a) that haven't already been paid before transfer; or
- (b) that become payable after the time of transfer.

I will be liable to pay all outstanding (whether or not already billed) fees and charges, including minimum monthly spend and access fees for each of the services listed above that are transferred and any additional fees or charges incurred by or applicable to the products or services as and when they fall due.

New Owner's signature

**Date signed**