



Bereavement Support Form

This form is used to transfer or close an account on behalf of deceased customers

Please return this completed form to receivables@pentanet.com.au.

Section 1 - The representative

I confirm that I can act on behalf of the deceased in the following capacity:

- Trustee Next of kin Executor Administrator Power of Attorney
 Solicitor/administering the will Authorised account representative

Surname	Given Name(s)		
<input type="text"/>	<input type="text"/>		
Residential Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Phone Number		
<input type="text"/>	<input type="text"/>		

I acknowledge and agree that:

- I have read and understand all statements made in this form.
- Pentanet may contact me to confirm details outlined in this form.
- I will not seek to recover any loss I have suffered or may suffer (either directly or indirectly) as a result of this transfer; and
- I am the authorised representative of the deceased customer named and I am authorised to deal with Pentanet on behalf of the estate regarding changes to the services detailed in this form.

Full name	Representative's signature	Date signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 - Details of the Deceased

Pentanet Account Number	<input type="text"/>		
Surname	Given Name(s)		
<input type="text"/>	<input type="text"/>		
Residential Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Date of Birth		
<input type="text"/>	<input type="text"/>		

Please confirm service type and action required:

Service Type	Cancel	Transfer
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If cancelling a fixed wireless service there may be Pentanet owned equipment installed at the service address. Pentanet will contact you to arrange collection of this equipment.

Section 3 - Incoming Customer Details - (transfers only)

To be completed if service is to be transferred to another customer

Surname	Given Name(s)		
<input type="text"/>	<input type="text"/>		
Residential Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Mobile Number	Home/Work Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Credit Assessment

In order to provide you with a service, we are required to perform a credit assessment. To facilitate this, we will share your information with a credit reporting body to obtain credit reporting information. Our credit assessment is conducted in accordance with our [Privacy & Credit Reporting Policy](#). Please provide a copy of your photo ID, accepted forms include:

- Australian Driver's Licence
- Passport
- Photo Card

My photo ID is attached

What is the main source of income you will rely on in order to pay for your Pentanet service?

Employment (please specify)

- | | |
|--|--|
| <input type="checkbox"/> Permanent Full-Time | <input type="checkbox"/> Centrelink Pension (Aged, Veteran's, Disability Support) |
| <input type="checkbox"/> Permanent Part-Time | <input type="checkbox"/> Superannuation/Annuities |
| <input type="checkbox"/> Casual Full-Time | <input type="checkbox"/> Investments (Interest, Dividends, Rent, Capital Gains) |
| <input type="checkbox"/> Casual Part-Time | <input type="checkbox"/> Centrelink Benefits/Allowance (Austudy, Newstart, Carer, Youth Allowance) |

Other (please specify)

What are your current living arrangements?

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Renting through Real Estate | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Living with family | <input type="checkbox"/> Renting Privately | |

Authorised Representative (OPTIONAL)

If you wish to appoint an Authorised Representative to deal with Pentanet Limited on your behalf, please complete the section below. Please note, when you appoint an Authorised Representative you are giving the person you appoint the authority to deal with us on your behalf as your agent. This means that the Authorised Representative has the power to act and access information as if they were you. This includes making complaints, changing account details or cancelling a service. If you wish, you can specify limitations of your Authorised Representative's rights. This appointment continues until you revoke it in writing.

Title	Surname	Given Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Mobile Number	Home/Work Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Limitations of the Authorised Representative's rights (specify anything that your Authorised Representative should not be allowed to do on your behalf. If left blank, the Authorised Representative has the power to act as if they were you):

- | | | |
|--|---|---|
| <input type="checkbox"/> Perform Billing Actions | <input type="checkbox"/> Cancel Account/Service | <input type="checkbox"/> Make Purchases |
| <input type="checkbox"/> Perform Support Actions | <input type="checkbox"/> Make a Complaint | |

Important Information

- 🏠 Before agreeing to take over the ownership of the related account/services, you should satisfy yourself of the details of the services including pricing, contract term and plan information.
- 🏠 The services will be transferred along with any additional equipment attached to those services.

As the incoming customer, I request Pentanet to transfer the legal responsibility of the services from the deceased customer, whose details appear in this form, to me, the incoming customer.

I agree that:

- 🏠 if Pentanet accepts this request, the above services will be provided by Pentanet to me, the incoming customer, in accordance with its standard terms and conditions;
- 🏠 acceptance of this request by Pentanet is subject to their ordinary credit approval process;
- 🏠 I have read, understood and agreed to the terms and conditions of Pentanet for the services being transferred to me (available online <https://pentanet.com.au/additional-resources/>);
- 🏠 I understand I must fulfil all obligations imposed upon the current owner under the existing contract for the services;
- 🏠 I have read and understand all statements made in this application form;
- 🏠 I will be taking over the service including any and all applicable contracts and that the nominated services will be transferred to my account with the same structure and set up as they currently have;
- 🏠 I will be liable for all debts incurred on the services listed above from the date of transfer;
- 🏠 I will not seek to recover loss I have suffered or may suffer (either directly or indirectly) as a result of the transfer.
- 🏠 I make this request as the incoming customer.

Full Name

Signature

Date

Section 4 - Supporting documentation

Please ensure all parts of the checklist have been provided to allow our team to process the request.

- Please ensure Section 2 indicates if the account is to be closed or transferred.
- Complete all relevant sections and sign where necessary.
- Provide one of the following to confirm your authority to 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.
- One of the following to confirm your identity**
 - Driver's licence • Passport • Birth certificate • Photo card
- One of the following as proof of death**
 - Death certificate • Death notice • Doctors' medical certificate • Grant of probate • Letters of administration • Funeral bill
 - Link to funeral notice or obituary

Please send documents and signed form to recievables@pentanet.com.au