



Delivery Address:
PO Box 1026
STRATHFIELD NSW 2135

No stamp required
if posted in Australia



Membership
The NRMA
Reply Paid 1026
STRATHFIELD NSW 2135





Deceased estate Authorised contact form

This form is to transfer a Subscription Package or cancel the NRMA Membership, held in the name of a deceased Member. Only a beneficiary of the estate is eligible to receive the transfer.

In order to keep all Members' information safe, only an Authorised person such as the Executor of the Estate, Power of Attorney or Third Party Authority currently listed on the Membership is permitted to complete this form.

Please use capital letters and cross boxes as shown.
If you make a mistake, simply fill in the box and mark the correct box.

ABC123



Panel (c)

1. Who is completing this form?

- Executor of the Estate
- Power of Attorney
- Third Party Authority

2. As an authorised contact of the estate of the late

NRMA Membership number

Deceased's date of birth DD/MM/YYYY

Last known address

Postcode

3. Authorised contact's details

Authorised contact's name

Authorised contact's address

Postcode

Authorised contact's telephone number

Authorised contact's email address

Authorised contact's signature

Date DD/MM/YYYY

- Direction to cancel Please complete Section 1-3.
- Direction to Transfer Please complete Section 1-8.

Please fold and seal this envelope.
No stamp required.
This form folds to make a Reply Paid envelope.
Or return via email to sales.support@mynrma.com.au

Panel (b)

Panel (a)

4. I request that the unexpired portion of his/her NRMA Subscription Package be transferred to:

Mr Mrs Miss Ms Other

First name

Surname

Address

Postcode

Telephone number

Email address

Date of birth DD/MM/YYYY

5. Is the transferee also the spouse or de-facto partner of the deceased?

Accumulated NRMA Membership years can only be transferred to the deceased Member's spouse.
 Yes No

6. Is the transferee a beneficiary of the estate?

Yes No

7. Is the transferee already an NRMA Member?

Yes No If non Member, please go to Section 8.

If Yes, please supply the Membership number.

Please note: a person can only be an NRMA Member once in his or her own right.

8. Declaration by non Member transferee

By signing this form, I agree to become a Member of the NRMA, and I agree to be bound by the NRMA Constitution, NRMA Membership Terms and Conditions and the NRMA Privacy Policy (all available to me at mynrma.com.au). I acknowledge and accept that the deceased Member's NRMA Membership years will be transferred to me and that I will be credited with the deceased Member's remaining Subscription Package entitlements.

Transferee's signature

Date DD/MM/YYYY

The NRMA is not responsible or liable for any loss or reduction of benefits that may be incurred as a result of the transferee cancelling an existing NRMA Membership and/or transfer to the transferee of the unexpired portion of the deceased Member's Subscription Package.

2. Lick and seal panel (c) over folded panels (a) and (b).

1. Lick and seal panel (a) to panel (b).

