Bereavement Assistance

We understand this is a difficult time so we want to make this as simple as possible for you. Kindly complete this form where indicated, return it to us with the necessary documentation and we will cancel the service or transfer the mobile number to the new owner within 7 working days.

Please forward together with a copy of the death certificate or a Doctor's certificate cause of death to:

By email	bereavement@aldimobile.com.au
By post	MEDION Mobile, PO Box 730, Chatswood NSW, 2057

Section 1 - To be completed by an authorised representative of the deceased

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 account and services. Representatives are required to provide a copy of either the death certificate or Doctor's certificate cause of death and they must state that they're authorised to act on behalf of the deceased customer. The people with the following relationship to the customer 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
- next of kin (includes an immediate family member, e.g. parent, son/daughter, sister/ brother, grandchild, surviving spouse or guardian over the age of 18).

Name of the deceased account holder	
Deceased date of birth	/ /
Date of death	/ /
Name of authorised representative	
Capacity of authorised representative/relationship to the deceased	
Representative's contact number	
Representative's e-mail address	

I want to (please select one) ☐ Cancel the mobile service **(please complete section 2)**

☐ Transfer ownership of the mobile service **(please complete section 3)**

I confirm that I am the Representative of the deceased customer named above and I'm authorised to deal with Medion Mobile on behalf of the deceased and make changes to the account as outlined in this form. I confirm that the information I've provided in this document is correct. I agree to compensate Medion Mobile for any liability or loss arising from or in connection with Medion Mobile acting on my instructions in relation to the deceased's account/service, and in the event any of the information provided in this form (including my declaration) is incorrect.

Full name	
Signature	
Date	/ /

Section 2 – Cancellation of service/s

Only complete this section if you wish to cancel mobile services
I request the cancellation of the following ALDImobile services.

Account number / mobile number	

Section 3 – Transfer of ownership

Only complete this section if you wish to transfer a mobile service to a new account holder

Account number / mobile number	

New account holder (the person who the service is transferring to) details:

Full name and title	
Date of birth	/ /
Contact number	
Email address	
Physical address (cannot be a PO Box address)	

New account holder identity information

Important - We are required by law to verify your identity before we are permitted to transfer a prepaid service in to your name. You must provide 1 of the following pieces of information and this will enable us to verify your identity electronically in line with our ID verification policy. If we are not able to successfully verify your identity, we will contact you to let you know.

Option 1 - Driver's license information

State of issue ☐ License number ☐

Card number ☐

Option 2 - Medicare card information

Medicare number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ (**Important!** This must be 11 digits, make sure you include the number that is next to your name on the card)

Card colour (please tick one): Green ☐ Blue ☐ Yellow ☐

Expiry date (DD / MM / YYYY): ___ ___ / ___ ___ / ___ ___ ___ ___

(If your expiry date only shows MM YYYY, enter that information and leave the DD field blank)

Option 3 – If you have a passport, please provide this information:

Passport number	
Issuing country	

Before you agree to accept transfer of ownership, you need ensure you fully understand the policies, terms and conditions, plan allowances, rates, fees and the ongoing cost of the service. These can be found at aldimobile.com.au/pages/legals

I request Medion Mobile 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 agree:

- that if Medion Mobile accepts this request, the above services will be provided by Medion Mobile to me, the New Account Holder, in accordance with its standard terms and conditions;
- that acceptance of this request by Medion Mobile is subject to Medion Mobile's ordinary ID verification process as per the ID verification policy available to me online at aldimobile.com.au/pages/legals
- to Medion Mobile's Terms and Conditions relating to the service which can be found at aldimobile.com.au/pages/legals and acknowledge either receiving, or having had the opportunity to review, a copy of the Terms;
- to fulfil all obligations imposed upon the current owner under the existing contract for the services; and acknowledge that I have read and understand all statements made in this application form;
- I will be taking over the services listed above 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, unless the plan is no longer available, in which case I consent
- to Medion Mobile transferring the service to standard pricing;
- I will be liable for all debts incurred on the services listed above from the date of transfer,
- I agree that I will not seek to recover loss I have suffered or may suffer (either directly or
- indirectly) as a result of the transfer.

Full name of new account holder	
Signature of new account holder	
Date	/ /

Thank you

We will contact you upon receipt of this request and again once termination or transfer of ownership has taken place.