

# Deceased Estate Transfer and Disconnection Form

**Please accept our condolences – dealing with the loss of a loved one is never easy. We are here to help you manage their Foxtel services as simply as possible during this difficult time.**

## Purpose of this form

This form is used to request the transfer or disconnection of a Foxtel account (TV and/or Broadband and/or Home Phone services) on behalf of a deceased estate.

## Privacy

To prevent breaches of privacy and other fraudulent activity, only people that are authorised to act on behalf of a deceased account holder may make changes to a Foxtel account, including:

- The executor, trustee or administrator of a deceased estate
- The next of kin or authorised representative (over the age of 18)
- A power of attorney (general or financial)
- A lawyer or solicitor administering the deceased's will

## Foxtel from Telstra

To request a change to a Foxtel from Telstra account, please call Telstra on 132 300.

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## Part 1: Your Contact Details

Surname  First Name

Phone Number  Email Address

## Part 2: TV Service Change

Please indicate whether you would like to transfer ownership or disconnect TV service/s.

### Transfer Ownership

I request the transfer of TV service/s into a new name **(complete Parts 4, 5, 8 and 9)**

### Disconnect

I request the disconnection of TV service/s **(complete Parts 4, 6 and 8)**

## Part 3: Broadband and/or Home Phone Service Change

Please indicate whether you would like to transfer ownership or disconnect Broadband and/or Home Phone service/s.

### Transfer Ownership

I request the transfer of Broadband and/or Home Phone service/s into a new name **(complete Parts 4, 5, 7, 8 and 9)**

### Disconnect

I request the disconnection of broadband and/or Home Phone service/s **(complete Parts 4 and 8)**

# Deceased Estate Transfer and Disconnection Form (cont.)

## Part 4: Account Details of the Deceased

Account Number

Surname

First Name

Date of Birth

Address

Suburb

Postcode

Contact Number

Email Address

## Part 5: Your New Account Holder Details

Complete for any transfer of ownership (TV, BB/HP).

Surname

First Name

Date of Birth

Address

Suburb

Postcode

Phone Number

Email Address

## Part 6: Disconnection Details - TV

Only complete if disconnecting a TV service.

If a TV service is being disconnected, instructions on how to return the Foxtel set top box/es will be sent out.

Preferred method of contact:

Phone  Email  Post

If Post, please indicate your postal address:

If you cannot return the box for any reason, please provide details below. We will reach out if we require further information.

## Part 7: Credit Check Details - BB/HP transfer

Only complete for Broadband/Home Phone service transfer.

Living status:

Owner  Renting/Boarding  
 Living at home

Time at current address

Previous address (if at current address for <3 years):

Primary source of income:

Full time work  Part time work  
 Casual work  Other

If Other, please specify:

Name of employer:

# Deceased Estate Transfer and Disconnection Form (cont.)

## Part 8: Representative Declaration

By signing this declaration you agree that:

- I am authorised to act on behalf of the deceased customer named above (estate)
- I request the changes indicated in this form to be made
- I confirm that the information I have provided in this form is true and correct, and
- I agree to indemnify Foxtel against any liability or loss arising from or in connection with Foxtel acting on my instructions in relation to the estate, and in the event any information provided in this form (including this declaration) is incorrect

Representative Full Name

Date

Signature of Representative

## Part 9: New Account Holder Declaration

Complete for any transfer of ownership (TV, BB/HP).

By signing this declaration you agree that:

- My application for service is subject to Foxtel's Customer Terms (available at [foxtel.com.au/about/customer-terms.html](http://foxtel.com.au/about/customer-terms.html))
- I have read and understood Foxtel's Privacy Policy (available at [foxtel.com.au/about/privacy/privacy-policy.html](http://foxtel.com.au/about/privacy/privacy-policy.html)) and understand my application may be subject to a credit check
- I will be liable to pay all outstanding service charges that apply to the service/s being transferred to me

New Account Holder Full Name

Date

Signature of Representative

Please complete and return this form using one of the following methods.

**Email:** [foxtelsupportform@foxtel.com.au](mailto:foxtelsupportform@foxtel.com.au)

**Mail:** Foxtel Deceased Estate Request  
Locked Mail Bag 2000  
Gold Coast Mail Centre  
GOLD COAST QLD 9726

If you have any questions or need assistance completing this form, please head to [foxtel.com.au](http://foxtel.com.au) to access our Live Chat or call us on 131 999.