

Statutory Declaration

(Oaths and Affirmations Act 2018 (Vic))

RESET

Executor's / administrator's declaration in support of a claim under Lifestyle Communities' voluntary DMF refund program

I, **[full name of executor / administrator]**, of **[address]**, **[occupation]**, sincerely declare that:

Background and capacity

1. I am the **[executor / administrator]** of the estate (the **Estate**) of **[full name of deceased]**, formerly of **[address]**, who died on **[date of death]** (the **Deceased**).
2. I am making this declaration in support of an application (case reference **[case ref]**) submitted to Lifestyle Communities Ltd (**Lifestyle**) under its voluntary deferred management fee (**DMF**) refund program (the **Program**), in respect of the DMF paid on the sale of the Deceased's former home (the **Refund Application**).

Grant of representation

Please complete one paragraph only from paragraphs 3 to 5, based on your circumstances

3. [Where probate has been granted]
On **[date of grant]**, probate of the will of the Deceased dated **[date of will]** (and codicil(s) dated **[date(s)]**) (the **Will**) was granted to me by the Supreme Court of **[State/Territory]** (grant number **[grant number]**). A certified copy of the grant of probate and the Will is annexed and marked "**Annexure A**".
4. [Where letters of administration have been granted]
On **[date of grant]** letters of administration in relation to the estate of the Deceased were granted to me by the Supreme Court of **[State/Territory]** (grant number **[grant number]**). A certified copy of the letters of administration is annexed and marked "**Annexure A**".
5. [Where a foreign grant has been resealed in Victoria]
The **[grant of probate / letters of administration]** granted by **[foreign court]** on **[date]** was resealed by the Supreme Court of Victoria on **[date]** (reseat number **[reseat number]**). A certified copy of the resealed grant is annexed and marked "**Annexure A**".
6. The grant referred to above has not been revoked, resealed against, amended or otherwise disturbed. No application, claim or proceeding has been made, commenced or, to my knowledge, threatened that seeks to revoke, challenge, vary or resettle the grant or the Will (including any family provision, testator's family maintenance or similar claim). A Probate Office search dated **[date]** (within 30 days of the date of this declaration) is annexed and marked "**Annexure B**".

7. I am the sole [executor / administrator] who has taken up the grant. (Alternatively: I am one of [number] [executors / administrators] who have taken up the grant, and each of the other [executors / administrators] has joined in the Refund Application.) No other person has been appointed, or has a right to be appointed, as [executor / administrator] of the Estate.
8. I have not renounced probate, been removed, retired, or otherwise ceased to act, and I am not aware of any fact, matter or circumstance that would entitle any person to have me removed or replaced in that capacity.

Authority in relation to this Refund Application

9. I have full power and authority, under the Will (where applicable) and at law, to:
- a. make and progress the Refund Application on behalf of the Estate;
 - b. accept any refund offered by Lifestyle under the Program in the name of the Estate;
 - c. execute a deed of settlement and release on behalf of the Estate and to bind the Estate to that deed; and
 - d. receive the refund payment on behalf of the Estate.
10. The entry into and performance of the deed of settlement is a proper exercise of my powers and duties in the administration of the Estate. All consents, approvals, notices and other formalities required (whether under the Will, at law or otherwise) for me to enter into and perform the deed of settlement have been obtained or given, including any consent required from beneficiaries of the Estate.

Adverse claims and beneficiaries

11. I am not aware of any adverse claim to the refund the subject of the Refund Application, whether from any beneficiary, creditor, or other person.
12. The residuary beneficiaries of the Estate have been notified of the Refund Application (or, if not, the reason they have not been notified is: [insert reason]).

Status of administration

13. The current status of administration of the Estate is:
[open / part-distributed / fully distributed — select applicable].
14. [If part-distributed or fully distributed] Notwithstanding the [part / full] distribution of the Estate to date, the Estate has, and at all relevant times will have, sufficient assets to satisfy the obligations I am assuming on behalf of the Estate under the deed of settlement. Those assets have not been distributed, encumbered or otherwise dealt with in a way that would prevent me from performing those obligations.

Receipt and application of the refund

15. I will receive any refund paid under the Program in my capacity as [executor / administrator] and on behalf of the Estate, and not in my personal capacity. The refund will be paid into a bank account held in the name of the Estate (or, where the Estate does not hold an account, my [executor / administrator]-capacity account, evidenced by a bank confirmation of the account name provided separately to Lifestyle on the Program's bank details form). The refund will be applied to the Estate and distributed in accordance with the Will (or the rules on intestacy, where applicable) as follows:

[briefly describe intended application, e.g. residuary distribution to beneficiaries A and B in equal shares].

Notification of change

16. I undertake to notify Lifestyle promptly in writing if, at any time before payment of the refund, any of the matters declared above ceases to be true (including if the grant is revoked, a competing claim to the Estate is made, or a further person is appointed as [executor / administrator]).

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 27 of the *Oaths and Affirmations Act 2018* (Vic).

Declared at [place] in the State of Victoria on [date].

.....

Signature of declarant

Before me:

.....

Signature of authorised witness

Name of witness: [full name]

Qualification of witness:

[E.g. Australian legal practitioner / justice of the peace / other person listed in Schedule 2 to the Oaths and Affirmations Act 2018 (Vic)]

Address of witness: [address]

Annexures:

Annexure A — Certified copy of grant of probate / letters of administration [and Will]

Annexure B — Probate Office search dated within 30 days of declaration

Annexure C — [Any other supporting document]