

Estate Claim and Instructions



Limited to claims not exceeding \$40,000 where Probate or Letters of Administration have not been obtained.

DE-C&I

Deceased Customer's Details

Full Legal Name

Date of Death / /

Deceased Customer's SBS Account Details

- -
Bank Branch Number Account Number A/c 1 Suffix

, ,
A/c 2 Suffix A/c 3 Suffix A/c 4 Suffix

Investment Account - -

Investment Account - -

Investment Account - -

Investment Account - -

Claimant Details - Applicant 1

Full Name of Claimant

Date of Birth / /

Residential Address (Not a PO Box)

Relationship to the Deceased (eg. executor, administrator, spouse)

Claimant Details - Applicant 2

Full Name of Claimant

Date of Birth / /

Residential Address (Not a PO Box)

Relationship to the Deceased (eg. executor, administrator, spouse)

Instructions

- ☐ Please close all Accounts/Investments above immediately.
- ☐ Please close all Accounts/Investments above on their respective maturity dates.
- ☐ Please action the following instructions:

Bank Account Details for Disbursement

Name of Account Holder:

- - (Attach proof of bank account details)
Bank Branch Number Account Number Suffix

Declaration

I/We, the abovenamed Claimant/s certify that:

- All information provided in this form and declaration is true and correct, to the best of my/our knowledge and belief.
- I/we hereby undertake and agree:
 - to pay and discharge any debts that may be proved in, and to use the funds in the administration, the estate of the deceased;
 - to the extent permitted by law, to indemnify SBS Bank, its Directors and Officers from and against all claims, costs, demands, actions and proceedings whatsoever which may arise or to be made of brought as a result of releasing funds from the account(s) of the deceased.

Please select which applies:

- ☐ I/we have provided a certified copy of the Will of the deceased; or
- ☐ There was no valid last Will for the deceased.
- A grant of Probate or Letters of Administration have not been applied for or obtained in New Zealand.

Authorisation

To be signed by the Claimant/s and witnessed by as Solicitor, Justice of the Peace, or SBS Bank Team Member:

<div>Claimant 1</div> <div>Signature</div> <div>Date<div>DDMMYYYY</div></div>	<div>Claimant 2</div> <div>Signature</div> <div>Date<div>DDMMYYYY</div></div>
<div>Witnessed by</div> <div>Witness Name</div> <div>Witness Signature</div> <div>OFFICIAL STAMP</div>	<div>Witnessed by</div> <div>Witness Name</div> <div>Witness Signature</div> <div>OFFICIAL STAMP</div>

Supporting Document Checklist

Please ensure you provide the following when completing this form:

☐ Certified copy of Death Certificate.

☐ Proof of bank account and name of account holder for funds to be credited to.

☐ Certified copy of current photo ID and address verification for all Executors/Claimants.

☐ Certified copy of Will (where applicable).

☐ Proof of relationship e.g. Certified copy of the Will, Marriage Certificate, or Birth Certificate (where applicable).

Refer to sbsbank.co.nz for all acceptable forms of identification.