

Estate Funeral Claim



For use to claim funds to pay funeral expenses for the deceased.

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

DE-FC

Deceased Customer's Details

Full Legal Name

Date of Death / /

Deceased Customer's SBS Account Details

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 Bank

1	3
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 Branch Number -
 [] [] [] [] [] [] Account Number -
 [] A/c 1 Suffix
 [] [] , [] [] , [] []
A/c 2 Suffix A/c 3 Suffix A/c 4 Suffix

InvestmentAccount
(Where applicable) [] [] [] - [] - [] [] [] [] []
Investment Account
(Where applicable) [] [] [] - [] - [] [] [] [] []

Bank Account Details for Reimbursement (if applicable)

Name of Account Holder:

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 (Attach proof of bank account details)

Bank Branch Number Account Number Suffix

Claimant Details - Applicant 1

Full Name of Claimant

Date of Birth / /

Residential Address (not a PO Box)

Relationship to the Deceased (e.g. executor, administrator, spouse)

Instructions

Please select one of the following:

- ☐ Please pay the funeral invoice for the above Estate totalling:
\$ directly to the nominated account on the invoice.
I/we have included the original or a copy of the funeral invoice.
- ☐ Please release funds to reimburse me/us totalling:
\$ as I/we have already paid the funeral invoice
for the above Estate.
I/we have included the original or a copy of the funeral invoice receipt.

Claimant Details - Applicant 2

Full Name of Claimant

Date of Birth / /

Residential Address (not a PO Box)

Relationship to the Deceased (e.g. executor, administrator, spouse)

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 or 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 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.

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

☐ Copy of funeral invoice or funeral invoice receipt.

☐ Certified copy of Will (where applicable).

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