

# Estate Accounts Claim and Instruction Form



For use when Probate/Letters of Administration are not being applied for. Limited to claims not exceeding \$15,000.

## Deceased Customer's Details

Full legal name

Date of death

## Deceased Customer's SBS Account Details

0 3 1 3 - - - - - A/c 1 Suffix A/c 2 Suffix A/c 3 Suffix A/c 4 Suffix

Investment Account - - - - -  
Investment Account - - - - -  
Investment Account - - - - -  
Investment Account - - - - -

## Instructions

- ☐ Please close all Accounts/Investments under Account/Investment numbers above immediately.
- ☐ Please close all Accounts/Investments under Account/Investment numbers above on their respective maturity dates.
- ☐ Please pay the attached invoice totalling \$ ..... for payment of funeral expense for the above Estate.

Please action the following instructions:

### Claimant 1

Full name

Date of birth

Residential address (not a PO Box)

#### Relationship to the deceased (please select appropriate box)

- ☐ Widow, widower, surviving civil union partner
- ☐ A child of the deceased (attach certified copy of birth certificate)
- ☐ A surviving de facto partner of the deceased
- ☐ Executor named in the Will (if applicable)
- ☐ A person beneficially entitled to the estate under the will
- ☐ A person entitled to obtain administration of the estate in New Zealand
- ☐ A person related by blood, marriage or civil union who undertakes to maintain the minor children of the deceased
- ☐ A person who has and is providing day-to-day care for any children of the deceased person who are minors.

### Claimant 2

Full name

Date of birth

Residential address (not a PO Box)

#### Relationship to the deceased (please select appropriate box)

- ☐ Widow, widower, surviving civil union partner
- ☐ A child of the deceased (attach certified copy of birth certificate)
- ☐ A surviving de facto partner of the deceased
- ☐ Executor named in the Will (if applicable)
- ☐ A person beneficially entitled to the estate under the will
- ☐ A person entitled to obtain administration of the estate in New Zealand
- ☐ A person related by blood, marriage or civil union who undertakes to maintain the minor children of the deceased
- ☐ A person who has and is providing day-to-day care for any children of the deceased person who are minors.

## Estate Claimants' Account (for payment of account closure proceeds)

Name of Account holder

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Bank

Branch number

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Account number

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Suffix

(Attach encoded deposit slip)

## Declaration

### Each Claimant named overleaf certifies:

1. All information provided is true and correct.
2. That I/We are acting as either Administrator(s) or Executor(s) of the estate of the deceased customer named over leaf.
3. That to the best of my knowledge, information and belief: (select which applies)
  - ☐ the Will provided (if applicable), under which I am named as Executor and produced at the time of making declaration is the last Will of the deceased and the deceased did not marry after the execution of this Will; or
  - ☐ there was no valid last Will for the deceased.
4. To the best of my knowledge Probate or Letters of Administration have not been applied for or obtained in New Zealand, are not required to be obtained and I do not intend to nor will I apply for grant of Probate or Letters of Administration of the Estate of the said deceased.
5. To the best of my knowledge no other person intends to apply for Probate or Letters of Administration of the Estate of the deceased.
6. I/We hereby claim payment of the moneys to which the deceased was entitled upon the grounds of my/our relationships to the deceased as detailed overleaf.
7. I/we hereby undertake and agree:
  - a. To pay and discharge any debts that may be proved in the estate of the deceased;
  - b. To apply the moneys according to the terms of the last Will, in due course of administration and as the law requires; and
  - c. To the extent permitted at law, 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 the payment of moneys to me/us by SBS Bank.

### Signed by the Claimant/s:

This ..... day of ..... 20.....

#### Claimant 1

Signature of Claimant 1

#### Claimant 2

Signature of Claimant 2

#### Witnessed by:

I confirm I have verified the identity and signature of Claimant 1  
Signature of Solicitor/Justice of the Peace/SBS Bank Team Member

Solicitor/Justice of the Peace/SBS Bank Team Member STAMP  
or name and address

#### Witnessed by:

I confirm I have verified the identity and signature of Claimant 2  
Signature of Solicitor/Justice of the Peace/SBS Bank Team Member

Solicitor/Justice of the Peace/SBS Bank Team Member STAMP  
or name and address

## Supporting Document Checklist

Please ensure you provide the following when completing this form:

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Copy of Death Certificate  | <input type="checkbox"/> <u>Certified Copy of Will</u>  |
| <input type="checkbox"/> Certified copy of current photo ID and address verification for all Executors/Claimants. Refer to sbsbank.co.nz for all acceptable forms of identification | <input type="checkbox"/> Proof of bank account and name of account holder for funds to be credited to |