



ASB Account Number

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1. Customer Information: This information will be treated in the strictest confidence

Name of Deceased

Date of Death

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Day Month Year

Name of Applicant

Address

CHECKLIST (please tick)

Attached a Certified Copy of Death Certificate*

Items marked * are required documents.

BANK DETAILS OF APPLICANT

Bank Account Name (for deposit of funds)

(Please forward a deposit slip)

Account Number

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Bank Branch Account Number Suffix



2. Declaration

I, the abovenamed Applicant declare that:

- The information on this Application is true and correct.
- Relationship to Deceased I am *(please select appropriate box)*
 - The widow, widower, surviving civil union partner.
 - A child of the deceased. *Please attach certified copy of birth certificate.*
 - A surviving de facto partner of the deceased.
 - A person beneficially entitled to the estate of the deceased person under the will on the intestacy of that person.
 - A person entitled to obtain administration of the estate of the deceased in New Zealand.
 - A person related by blood, marriage or civil union to the deceased person who undertakes to maintain the minor children of the deceased.
 - A person who has and is exercising the role of providing day-to-day care for any children of the deceased person who are minors.
- I have made a search to see whether the deceased left a Will but cannot find one and believe that the deceased died intestate.
- I confirm that I do not intend to apply for administration of the deceased's estate nor do I know of any person likely to do so.
- I apply to ASB to pay the credit balance held in the deceased's ASB account directly to me at the above address or bank account **(account balance not to exceed \$15,000.00).**
- *I attach consent from all other persons who have a right to apply for the funds.
- In consideration of ASB paying the funds as requested, I personally undertake to indemnify ASB against any claims, losses or liabilities that may be incurred or suffered by ASB by reason of ASB relying on the above information and releasing the funds as requested.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signed by the Applicant

This _____ day of _____ 20_____.

Signature of Applicant

Before me: Witnessed by:

Print Name

Address

Signature of Witness