



To be used when the deceased has left a Will, but the executor does not intend to apply for Probate.

ASB Account Number

1	2	3				0									
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## > 1. Customer Information: This information will be treated in the strictest confidence

Name of Deceased

Date of Death

Day	Month	Year					

Date of Will

Day	Month	Year					

Name of Applicant(s)

1.	
2.	

Address

### CHECKLIST (please tick)

Attached a Certified Copy of Death Certificate\*

Attached a Certified Copy of Will\*

**Items marked \* are required documents.**

### BANK DETAILS OF APPLICANT

Bank Account Name (for deposit of funds)

*(Please forward a deposit slip)*

Account Number

Bank	Branch	Account Number						Suffix							

## > 2. Declaration

**I/We the abovenamed Applicant(s) undertake and agree that:**

- The information on this Application is true and correct.
- I/We am/are the executor(s) named in the Will of the deceased.
- I/We confirm that I/We do not intend to apply for administration of the deceased's estate nor do I/we know of any person likely to do so.
- I/We apply to ASB to pay the credit balance held in the deceased's ASB bank account directly to the above address or bank account **(account balance not to exceed \$15,000.00)**.
- \*I/We attached consent from any other executors named in the Will for payment of the deceased's funds to me.
- In consideration of ASB paying the funds as requested, I/we personally undertake to indemnify ASB Bank Limited ("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/We 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(s)**

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of Applicant

Signature of Applicant

**Before me: Witnessed by:**

Print Name

Address

Signature of Witness

**Justice of the Peace, Notary Public or Solicitor**