

Account number

1	2	3				0													
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Name of Applicant(s)

Name of deceased

Relationship to deceased (e.g. executor, administrator, spouse)

Date of death

D	D	M	M	Y	Y	Y	Y
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Address of Applicant(s)

  
  


Attached certified copy of Death Certificate (please tick)

**Invoice details**

Amount

Date

D	D	M	M	Y	Y	Y	Y
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Attached original or certified copy of invoice

Attached original or certified copy of receipt if claiming reimbursement

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

- The information on this application is true and correct.
- The Funeral Director named on the invoice/receipt has conducted the funeral of the deceased.
- I/We apply to ASB to pay the amount of the above invoice for funeral expenses from the credit balance held in the deceased's ASB bank account:  
 Either  Directly to the Funeral Director at the address on the invoice.  
 Or  Directly to the Applicant's account number, if claiming reimbursement of funeral expenses.  

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- I/We personally undertake to indemnify ASB Bank Limited ("ASB") against any claims, losses or damages that may be incurred or suffered by ASB by reason of ASB relying on the above information and releasing funds to pay the funeral expenses of the deceased.

**Signed by the Applicant(s):**

Name

Name

Signature

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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**Witnessed by:**

Name of witness

Occupation

Signature

Address

  
  


Justice of the Peace, Notary Public, Solicitor or ASB Bank Staff

**Bank use only**