

Please tick the boxes which apply and complete the relevant information for same.

- Client Number/s of Deceased _____
- Account Number/s of Deceased _____
- Full Name of Deceased _____
- Date of Death _____
- Is the account frozen?
- YES Date of Notification to Banking Services by Phone _____
- NO Please place a freeze on the above account/s
- Are there Solicitors involved?
- YES Please refer customer direct to Solicitors office NO Please continue check list
- Name and Contact details of Person/s handling the Estate
- _____
- _____
- _____
- Is there a Will? YES / NO (Please circle appropriate response)
- Notes: _____
- Please pay Funeral Account (Please supply Funeral Directors name, address & amount)
- _____
- _____
- _____
- Please mail necessary forms direct to Executor/Family (Please supply name & address)
- _____
- _____
- _____
- Please give Executor/Family a call to discuss options (Please supply contact numbers)
- _____
- _____
- Please find enclosed: (Note: forms must be *certified* or copies of *original*)
- Will Death Certificate Letters of Administration Probate
- Medical Certificate Withdrawal Form/s Indemnity Form/s
- Claim Form/s Next of Kin Form/s Other (please specify) _____
- Other relevant information / notes _____
- _____

(Please forward direct to Deceased Estate Clerk – Banking Services)

Branch/Agency Use Only: Date _____ Branch _____

Operator Number _____ Operator Name _____