



Deceased Estate Declaration and Claim/Indemnity Form

(This form applies when Probate/Letters of Administration are not being applied for. It may be used for claims up to but not exceeding the value of \$15,000.00)

A: Deceased's details

Given name(s) _____ Surname _____

Date of death DAY / MONTH / YEAR _____

Westpac account details

03								
Bank	Branch number	Account number			Suffix	Suffix (2)	Suffix (3)	

03								
Bank	Branch number	Account number			Suffix	Suffix (2)	Suffix (3)	

03								
Bank	Branch number	Account number			Suffix	Suffix (2)	Suffix (3)	

Certified copy of the Death Certificate or Medical Cause of Death Certificate must be attached. Certified copy of Declarants' identification must be attached.

(Note: this form cannot be processed if documentation is not attached)

B: 1st Declarant's details

Mr Mrs Miss Ms Other (please specify) _____

Given name(s) _____ Surname _____

Home address NUMBER & STREET _____

SUBURB _____ TOWN/CITY _____ POSTCODE _____

Postal address (if different) NUMBER & STREET _____

SUBURB _____ TOWN/CITY _____ POSTCODE _____

Occupation _____ Phone number _____

Date of birth DAY / MONTH / YEAR _____

What was your relationship to the deceased? (please tick circle)

- Wife of the deceased
- Husband of the deceased
- Defacto Partner of the deceased
- A child of the deceased
- Person entitled to estate under the will or on the testacy of the deceased
- Person appearing to be entitled to obtain administration of estate of the deceased in New Zealand
- Person related by blood or marriage to the deceased who undertakes to maintain infant children of that person
- Person who has custody and control of the infant children of the deceased
- Brother or Sister of the deceased
- Parent/legal guardian of deceased.

2nd Declarant's details (if required)

Mr Mrs Miss Ms Other (please specify) _____

Given name(s) _____ Surname _____

Home address NUMBER & STREET _____

SUBURB _____ TOWN/CITY _____ POSTCODE _____

Postal address (if different) NUMBER & STREET _____

SUBURB _____ TOWN/CITY _____ POSTCODE _____

Occupation _____ Phone number _____

Date of birth DAY / MONTH / YEAR _____

What was your relationship to the deceased? (please tick circle)

- Wife of the deceased
- Husband of the deceased
- Defacto Partner of the deceased
- A child of the deceased
- Person entitled to estate under the will or on the testacy of the deceased
- Person appearing to be entitled to obtain administration of estate of the deceased in New Zealand
- Person related by blood or marriage to the deceased who undertakes to maintain infant children of that person
- Person who has custody and control of the infant children of the deceased
- Brother or Sister of the deceased
- Parent/legal guardian of deceased.

We are, or may be, required to verify your identity and certain other information provided in this form. Please refer to Westpac's list of acceptable verification documentation available at www.westpac.co.nz/AML.

C: Declaration and Indemnity

I _____, of _____, and

I _____, of _____, solemnly and sincerely declare that;

• (select one)

I/We are the person/people named as Executor/Executrix (circle one) in the will of the deceased.

to the best of my/our knowledge, the deceased did not leave any will or other testamentary writings.

• all the information provided above is true and correct and forms part of this declaration.

• to the best of my/our knowledge Probate or Letters of Administration have not been applied for or obtained in New Zealand and that I/we do not intend nor will I/we apply for grant of Probate or Letters of Administration of the Estate of the said deceased and to the best of my/our knowledge no other person intends to apply for Probate or Letters of Administration of the Estate of the deceased.

• to the best of my/our knowledge the estate of the deceased is clear of debt and there is no liability for death or probate duties.

• I/We claim payment of the moneys to which the deceased was entitled upon the grounds of my/our relationship to the deceased as detailed overleaf.

• I/We shall apply the said moneys in due course of administration as the law requires.

In consideration of Westpac New Zealand Limited (Westpac NZ) releasing the funds in the deceaseds' account(s) I/we hereby agree to indemnify Westpac NZ against any claims, losses, damages, costs and/or expenses whatsoever (including its own legal costs on a Solicitor/client basis), which may arise in connection with the said account(s) or the payment of the balance(s) therefore and also against all amounts Westpac NZ maybe called upon to pay and all costs (including its own legal costs on a Solicitor/client basis), charges and expenses which Westpac NZ may incur in connection therewith.

I/We request Westpac NZ to close the accounts of the deceased and pay the moneys: (select one)

by credit to the account of _____

Bank	Branch number	Account number	Suffix
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by bank cheque to Solicitors _____ for the credit of the estate of _____ (Bank Cheque fee will apply)

by bank cheque to _____
Postal address _____
SUBURB _____ TOWN/CITY _____ POSTCODE _____
(Bank Cheque fee will apply)

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

Declared at _____ the _____ day of _____ 20____

Where two or more persons are parties to this indemnity the terms and obligations stated above are binding on each of you individually and toall of you as a group.

Signature of 1st Declarant _____ Date DAY / MONTH / YEAR

Signature of Witness _____ Date DAY / MONTH / YEAR

Before me: a Justice of the Peace in New Zealand/A Solicitor of the High Court of New Zealand (select one).

Signature of 2nd Declarant (only required if 2 declarants) _____ Date DAY / MONTH / YEAR

Signature of Witness (only required if 2 declarants) _____ Date DAY / MONTH / YEAR

Before me: a Justice of the Peace in New Zealand/A Solicitor of the High Court of New Zealand (select one).

Westpac use only

I certify that:

- all requirements have been met
- I have approved the release of the moneys aforesaid in accordance with those requirements and the Declaration
- Attached is a certified copy of photo ID of the Applicant.

Bank Manager/Officer in Charge _____ Date DAY / MONTH / YEAR