

Deceased estates indemnity and claim form where probate is not required



Complete this to:

- Claim the Estate funds and/or
- Payment of Funeral expenses

Details of Deceased Customer

Full legal name

Date of death

Did the deceased have a will Yes (Attach certified copy) No*

* Without leaving a Will, the indemnifier is claiming the credit balance of the Customer's account/s as an entitled person under s 65(2) and s 65(3) Administration Act 1969.

Relationship in order of right to claim (select one)

- Executor/s name in the Will (if applicable)
- Surviving spouse of the Deceased
- All children of the Deceased
- Parents of the Deceased
- All Siblings of the Deceased

Details of All Executors/Claimants and/or Funeral Directors (are required to sign the Claim form)

Full name

Executor Claimant Funeral Director

Address

Contact phone number

Email address

Full name

Executor Claimant Funeral Director

Address

Contact phone number

Email address

Funeral expenses claim (optional)

I am/we are (select one)

(Option 1)
The person(s) who paid the funeral expenses for the Deceased amounting to \$ as shown in the attached copy of the receipt and invoice for the funeral.

(Option 2)
A funeral director, being a creditor of the Deceased's Estate in respect of the unpaid funeral expenses amounting to \$ as shown in the attached copy of the receipt and invoice for the funeral.

Payment instructions

(Please provide one nominated account to credit)

Account in the name of

(For international payments, bank fees apply)

In consideration of the bank paying the Indemnifier the credit balance of the Deceased's account/s without any administration of the Deceased's Estate being obtained in New Zealand, the Indemnifier:

- Will pay and discharge any debts that may be proved in the estate of the Deceased.
- Will protect the Bank from all and any claims or proceedings against the Bank arising in relation to the Credit balance; and
- To the extent permitted by law, indemnifies the Bank against any direct or indirect damage, loss or cost on a full indemnity basis (including legal cost) incurred by the Bank and any person, in relation to the Credit balance and will reimburse the Bank on demand to the amount paid under this Indemnity and Claim form.

Signed by Indemnifier/s (All Executors/Claimants/Funeral directors are required to sign the claim form)

Name

Signature

Date

Name

Signature

Date

To be completed by one of the following: Solicitor/BNZ Officer/Justice of the Peace

I confirm that I have verified all the signatures of the above Executors/
Claimants/Funeral Directors

Witnessed by:

Name

Signature of Witness

Solicitor/BNZ Officer/Justice of the Peace stamp:

NB: You can visit your nearest BNZ branch with the original documents where a BNZ Staff member can take copies of the originals, certify and forward them to the Bereavement Assistance team.

** Details of how we use or disclose the information we collect and your rights to access or correct that information are set out in our Master Privacy Policy. It's available on our website or we can send it to you upon request.

Have you provided the following? Please tick:

- Certified copy of the Death certificate**
- Certified copy of the Will** (if applicable)
- A copy of the Funeral Invoice** (if applicable)
- A copy of the receipt in the Claimant's name for reimbursement of Funeral costs** (if applicable)
- A certified valid photo ID and certified proof of physical address**
(For a list of acceptable forms of ID and proof of address please refer to our website:
[Identification requirements - BNZ](#)
Or call us on: 0800 500 280 or 0800 275 269 after work hours)

OFFICE USE ONLY:

Deceased customer number

Have all documents been certified, scanned in MCF and Estates notified by email?

Yes No