

**DECEASED ESTATE DECLARATION AND CLAIM/INDEMNITY**

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**DECEASED'S DETAILS**

Given name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Date of death \_\_\_\_\_

Heartland Bank Account details	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Bank	Branch	Account	Suffix
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Bank	Branch	Account	Suffix
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Bank	Branch	Account	Suffix

**Certified copy of the Death Certificate.**

**Certified copy of Declarants' Identification must be attached.** (Note: this form cannot be processed if documentation is not attached)

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**1ST DECLARANT'S DETAILS**

Mr  Mrs  Miss  Ms  Other (please specify)

Given name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Postal address (if different) \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of birth \_\_\_\_\_

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

- 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 the deceased
  - Other (please specify)
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**2ND DECLARANT'S DETAILS**

Mr  Mrs  Miss  Ms  Other (please specify)

Given name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Postal address (if different) \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of birth \_\_\_\_\_

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

- 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 the deceased
  - Other (please specify)
- 

We are, or may be, required to verify your identity and certain other information provided in this form.

**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 now 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 the course of administration as the law requires.

In consideration of Heartland Bank releasing the funds in the deceaseds' account(s) I/we hereby agree to indemnify Heartland Bank 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 Heartland Bank may be called upon to pay and all costs (including its own legal costs on a Solicitor/client basis), charges and expenses which Heartland Bank may incur in connection therewith.

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

by credit to the account of \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account				Suffix													

by bank cheque to Solicitors \_\_\_\_\_

for the credit of the estate of \_\_\_\_\_ (Bank Cheque fee will apply)

by bank cheque to \_\_\_\_\_

Postal address \_\_\_\_\_ (Bank Cheque fee will apply)

Other \_\_\_\_\_

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 to all of you as a group.

Signature of 1st Declarant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_  
(only required if 2 declarants)

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_  
(only required if 2 declarants)

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

**BANK USE ONLY**

Date received \_\_\_\_\_ Branch \_\_\_\_\_

Staff Member \_\_\_\_\_ Customer number \_\_\_\_\_

Scanned to Filenet

CDD completed on all declarants  Yes  No