



Notification of Death - for completion on the death of a State Savings customer

Details of the Deceased Customer (Please read the notes carefully before completing this form).

Title	First Name(s)	Middle Name (if any)	Surname
Date of Death		Date of Birth (if available)	Variations (e.g. First Name / Maiden Name)
Address of Deceased		Previous Address of Deceased (if applicable)	

PANEL B Joint or Trust type accounts - list account number(s) held jointly or in a trust type structure with the Deceased Customer - see note 2.

Account Number	Relationship of Survivor(s) to the Deceased	Spouse <input type="checkbox"/>	Other <input type="checkbox"/>	(enter an X in one box only)
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PANEL C Sole accounts - list account number(s) held in the sole name of the Deceased Customer - see note 3.

Account Number	Relationship of Survivor(s) to the Deceased	Spouse <input type="checkbox"/>	Other <input type="checkbox"/>	(enter an X in one box only)
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1. Did the Deceased leave a Will? Yes OR No { If Yes, please complete questions 2 & 4 below. If No, please complete questions 3 & 4 below.

2. Is it intended to obtain a Grant of Probate? Yes OR No

3. If there is no Will, is it intended to obtain Letters of Administration? Yes OR No

4. Did the Deceased make a nomination? Yes OR No If YES, include nomination number: _____

PANEL D Name and address for reply.

Title	First Name(s)	Middle Name	Surname
Address for reply		Contact Telephone Number	

PANEL E Signature - see note 4.

I/We, in my/our capacity as _____, wish to notify State Savings the death of the person named in Panel A.

Signature 1 _____ Signature 2 _____

The Death Certificate must be returned with this Notification of Death. Date DDMMYYYY

