

Death Notification Form

NAME OF DECEASED _____ SSN _____

ADDRESS _____ DATE OF BIRTH _____

DATE OF NOTIFICATION _____ DATE OF DEATH _____

SOURCE OF NOTIFICATION AND RELATIONSHIP TO DECEASED:

Name _____ Relationship _____

FUNDS ARE BEING RELEASED ON DATE OF NOTIFICATION:

Yes No

ADDRESS/PHONE OF NOTIFIER *(Needed only if funds are being released on date of notification):*

Address _____ Phone _____

NOTIFICATION RECEIVED BY _____ PHONE _____

Deceased was joint owner on one or more accounts Deceased was sole owner only

Death Certificate received *(Required in some cases prior to disbursement of funds. See Disburse Funds/Close Deposit Account Procedures.)*

Upon completion of above section, email to internal "Death Notification Group"

Checklist:

DEPOSIT OPS

1. State Report Form completed and mailed (if applicable) DATE _____
2. Message placed on CIS DATE _____
 - 1) Date of death
 - 2) Date of notification
 - 3) Date of receipt of death certificate
 - 4) Source of notification

EFT DEPARTMENT

1. Have any government ACH items have been received since date of death?
 Yes No
2. If yes, payment has been returned DATE _____
3. If yes, letter has been sent to deceased's estate DATE _____

NOTES/COMMENTS: