

Deceased Customer Notification

We are sorry for your loss and would like to assist you as best we can during this difficult time. Please follow the steps below to notify us of an account holder's passing so that we can update their accounts.

1. Complete Sections 1 - 3 of this form.
2. Drop off this form and a copy of the death certificate at any American Savings Bank ("ASB") branch or mail to:
American Savings Bank; Attn: Successor Relations; PO Box 2300; Honolulu; HI 96804-2300

This form is for notification purposes only and does not give permission to access funds or obtain information.

Please refer to our Decedent Account Guide for additional information or visit any of our branches for personal assistance.

Section 1 Deceased Account Holder			
Name:			
Mailing Address:	City:	State:	Zip:
Last 4 of Social Security No.:	Date of Death:		
<p>Are government benefits such as Supplemental Security Income or Civil Services Pension deposited into any of the accounts for the benefit of the Deceased?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>*If yes, please indicate which accounts: _____</p> <p>Was the Deceased holding any accounts in Trust, as the Trustee?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>*If yes, please indicate which accounts: _____</p>			

Section 2 Person Providing Notification to the Bank			
Name:		Relationship:	
Mailing Address:	City:	State:	Zip:
Telephone:	Email:		

Section 3 Personal Representative/Estate Administrator:			
<p>Has probate been opened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, please provide us the contact information of the personal representative or estate administrator and a copy of the Court Order appointing said person. Please include mailing address, phone number, and email.</p>			
Name:			
Mailing Address:	City:	State:	Zip:
Telephone:	Email:		

Internal use			
Notification date: _____ Received by: _____ Dept.: _____			Death Certificate provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Account types	Account #	Account types	Account #
Deposit Account(s)		Retirement Account(s)	
Personal Loan(s)		Insurance & Investments	
Line(s) of Credit		Credit Cards	
Mortgage(s)		Other Accounts (Business, Trusts, IOLTA, etc.)	
Safe Deposit Box(s)			