

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

To,

The Branch Manager,  
State Bank of India,  
[Branch Address]

[City, State, Zip Code]

Subject: Death Claim Application for Account No. [Account Number]

Dear Sir/Madam,

I am writing to formally submit a claim for the death benefits pertaining to the account held by [Deceased's Name], who unfortunately passed away on [Date of Death]. The details of the deceased account holder are as follows:

- \*\*Name of Deceased:\*\* [Deceased's Name]
- \*\*Account Number:\*\* [Account Number]
- \*\*Date of Birth:\*\* [Date of Birth]
- \*\*Date of Death:\*\* [Date of Death]
- \*\*Relationship to Deceased:\*\* [Your Relationship]

I have attached the following documents to support this claim:

1. Original death certificate (and photocopy)
2. Identity proof of the claimant (and photocopy)
3. Account statement of the deceased (if available)
4. Any other relevant documents (e.g., nomination details)

I kindly request you to process this claim at your earliest convenience and inform me of any further requirements needed to facilitate the same.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]