Bereavement



| I. Personal Information | | | | |
|--|-----------------------------------|--|--|--|
| Details of the late customer | | | | |
| Name Date of Birth | | | | |
| Address | | | | |
| Postcode | | | | |
| Please provide us with an original or certified copy of the death certificate in order for us to register the death. | | | | |
| Account details | | | | |
| We understand that you may not have all of this information, please complete what you can. | | | | |
| Account Number Account Type Sole / Joint | Balance | | | |
| | £ | | | |
| | £ | | | |
| | £ | | | |
| | £ | | | |
| Total combined account balance | £ | | | |
| <u> </u> | | | | |
| Mortgage Account Number | | | | |
| We've got some questions to ask about the mortgaged property, please complete what you can: | | | | |
| I. Will the property be occupied? Yes No | | | | |
| 2. If yes, who will be living in the property? | | | | |
| 3. Do you know how the mortgage balance will be repaid? Yes No | | | | |
| Please ensure you notify the household insurance provider and let us know if anything changes in relation to the property. | | | | |
| Details of the Personal Representative or Executor registering the death | | | | |
| Relationship to Deceased | | | | |
| Name Date of Birth | | | | |
| Address | | | | |
| Postcode | | | | |
| Contact Number Email | | | | |
| We will use our electronic verification system to verify a personal representative or executor. In certain circumstances this may not be successful (for example if you have recently moved house and you are not yet listed on the electoral roll). We may need to ask you for additional identification. | | | | |
| What documents are you providing us with? | | | | |
| Death Certificate Grant of Probate/ Letters of Administration Certificate | e of Confirmation (Scotland only) | | | |

Please complete section 2-4 when the account(s) are ready to be closed.

Closure of £30,000 and under

If the total balance of the late customer's account(s) is over £30,000 or a Grant of Probate, Letters of Administration or Certificate of Confirmation (Scotland) has or will be obtained, you will need to provide us with this in order to close the account(s) and please complete section 3.

Bereavement Declaration

I, the named Personal Representative, confirm and agree:

- No Grant of Probate, Letters of Administration or Confirmation (Scotland) have been granted to the late customer's estate
- I am legally entitled to administer the late customer's estate and if there is anyone else entitled to administer the

| | the account(s) ng Society against any proceedings, costs, claims an n acting in accordance with my instructions | d demands which may be |
|--|--|----------------------------|
| Signature of Personal Representative | | |
| Print Name | D | ate |
| 2 01 020 020 | | |
| 3. Closure over £30,000 | | |
| been granted, please complete the det copy in order to close the account(s). | irant of Probate, Letters of Administration or Conficalls below for all executors. We require the original tated to complete and sign the below in order to complete and sign the sign than the sign that the sign than the sign | al document or a certified |
| DETAILS OF THE EXECUTORS | | |
| EXECUTOR I | | |
| Name | Date of | f Birth |
| Address | | |
| | Pos | stcode |
| Signature Executor I | | Date |
| | | |

2 of 3 INIV480 09/21 V7

| EXECUTOR 2 | | |
|----------------------------------|----------------------------------|--|
| Name | Date of Birth | |
| Address | | |
| | Postcode | |
| Signature Executor 2 | Date | |
| | | |
| EXECUTOR 3 | | |
| Name | Date of Birth | |
| Address | | |
| | Postcode | |
| Signature Executor 3 | Date | |
| | | |
| EXECUTOR 4 | | |
| Name Name | Date of Birth | |
| Address | | |
| | Postcode | |
| Signature Executor 4 | Date | |
| | | |
| | | |
| 4. Payment Details for | ² Closure | |
| Please provide us with account d | details for the closing balance. | |
| Account holders name | | |
| Account Number | Sort code - | |
| Reference | | |