

## Bereavement Instruction

Please complete this form when administering deceased Co-operative, smile and Britannia accounts.

**Please ensure all 4 sections of this form are completed in all circumstances.**

For further guidance and contact information please visit our website ([www.co-operativebank.co.uk](http://www.co-operativebank.co.uk))

### Section 1a - Details of the deceased customer (Please Print).

Name			
Address			
Date of Birth		Date of Death	

### Section 1b – Account details

Please enter the details of the accounts to be closed. Please note all accounts held solely in the name of the deceased will be closed.

Joint accounts will be transferred into the surviving account holder's name unless stated otherwise. If you would like joint accounts to be closed please tick this box.

#### Co-operative/Smile Account Details

Account Number									

Sort Code


Sole / Joint (please circle)

Sole / Joint (please circle)

Sole / Joint (please circle)

#### Britannia Account Details

Account Number									

Sole / Joint (please circle)

Sole / Joint (please circle)

Sole / Joint (please circle)

#### Credit Card Details


Primary/Additional Card Holder (please circle)

Primary/Additional Card Holder (please circle)

#### Loan Account

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**Once we have registered the account(s) and updated our records, we will write to you with all the information you require. If you would also like us to contact you by telephone, please tick this box:**

**If there are any dates that you are unavailable, please can you confirm this in the section below.**

#### Dates not to be contacted


**Section 2 – Details of Personal Representatives (Please Print).**

Please indicate whether a Grant of Probate, Letters of Administration or Certificate of Confirmation is required. We need to see this / please send this to us for sole estates with a value of more than £30,000.

**Grant of Probate / Letters of Administration / Certificate of Confirmation required**

**Grant of Probate / Letters of Administration / Certificate of Confirmation not required**

By signing this form, you are confirming that you are entitled to act as the personal representative for the above named deceased. To act as a personal representative, you must do so in one of the following capacities. Please check the box to indicate which capacity applies to you.

**Executor(s) of a will**  **Administrator(s) of the deceased's estate**  **Next of Kin (no valid will exists)**

**Please complete the box below with details of all executors or administrators. If there are no executors or administrators please complete the box below to give details of all persons who may be entitled to funds from the deceased's accounts**

Full Name (1 <sup>st</sup> representative)	
Date of Birth	
Address	
Telephone Number	
Relationship to the deceased	
Nationality	

Full Name (2 <sup>nd</sup> representative)	
Date of Birth	
Address	
Telephone Number	
Relationship to the deceased	
Nationality	

Full Name (3 <sup>rd</sup> representative)	
Date of birth	
Address	
Telephone Number	
Relationship to the deceased	
Nationality	

**Please note that by providing your Full Name, Nationality and Date of Birth we will hopefully be able to action your request with minimal delay as this may reduce the need for additional security checks.**

### Section 3 - Payment Instructions

Please enter the details of the account you would like the funds to be paid to. Alternatively, please enter the name of the recipient you would like a cheque made payable to. Please note cheques can take up to 5 working days to clear.

#### 3a) Transfer to:

Payee Name: \_\_\_\_\_ (please print)

Bank Name: \_\_\_\_\_ (please print)

Account Number

Sort Code

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Reference (if applicable): \_\_\_\_\_ (please print)

#### 3b) Cheque Payable to:

Payee Name: \_\_\_\_\_ (please print)

If payment details are to follow please tick here

## Section 4 – Declaration

Please read the declaration and sign below to confirm the closure of the above accounts.

### I declare that:

- The information given on this form is complete and correct.
- I/we are legally entitled to administer the deceased's estate (in accordance with what is stated in the Will or the laws of intestacy if no Will exists)
- **The people named in Section 2 (indicated to be the executors or administrators) are entitled to apply for a Grant of Probate/Letters of Administration/Certificate of Confirmation to administer the deceased's estate in accordance with the laws of intestacy.**  
(Please Note: If you are in any doubt at all as to whether you are entitled to apply for a Grant of Probate/Letters of Administration/Certificate of Confirmation, you should get independent legal advice from a solicitor or from a local Citizen's Advice Bureau).
- I/we authorise The Co-operative Bank to use available credit balances in sole accounts held in the deceased's name, to set off any outstanding balances due for payment in sole accounts held in the deceased's name, so that it reduces or repays the amount owed.

### Where The Co-operative Bank has agreed to release funds without Grant of Probate or Letters of Administration the following will also apply:

- I/we guarantee and promise to indemnify and keep indemnified at all times The Co-operative Bank plc. from and against all actions, proceedings, costs, claims, expenses and demands whatsoever from or by any other person(s) which might arise as a result of making such a payment or transfer, including but not limited to, the settlement of any claims against The Co-operative Bank plc. arising from such payment or transfer.
- Where this declaration is given by more than one of us each of us will be jointly and individually liable for it.
- I/We are entitled either solely or with others, to the balance(s) in the late customers account(s) with The Co-operative Bank plc.
- Where any other beneficiary(ies) is/are entitled to a share of these funds I/We confirm I/We have their consent to accept this agreement.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

ID & Proof of Address provided - (please enclose certified copies)

Existing customer verified from account \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

ID & Proof of Address provided - (please enclose certified copies)

Existing customer verified from account \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ (please print)

ID & Proof of Address provided - (please enclose certified copies)

Existing customer verified from account \_\_\_\_\_

**\*\*Please note that we may need to ask for proof of identification and Address\*\***