

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.

If you need any help completing this form please visit your local branch or contact our Bereavement Teams:

Co-operative/smile Bereavement Team: 0345 603 1333 (open 8am-4pm Mon-Fri)

Britannia Bereavement Team: 0344 249 8599 (open 8am-6pm Mon-Fri & 8am-12pm Sat)

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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Please note, if the total value of the accounts is above £30,000, this will be handled by our Bereavement Team.

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

Please indicate whether a Grant of Probate, Letters of Administration or Certificate of Confirmation is required.

This is required for sole estates (accounts held solely in the name of the deceased) totalling above £30,000.

Probate Required **Probate not required**

By signing the declaration in section 4 of this form, you are confirming 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 you comply with.

Executor(s) of a will **Next of Kin (no valid will exists)** **3rd Parties (eg. solicitor)**

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

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

Full Name (3 rd 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 be able to action your request with minimal delay as this will 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 out 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

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Sort Code

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Reference (if applicable): _____ (please print)

3b) Cheque Payable to:

Payee Name: _____ (please print)

Please see next page for Section 4 – Declaration

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 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 have 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 you confirm I/We have their consent to accept this agreement.

Signed: _____ **Date** _____

Name: _____ (please print)

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

Additional Signatures – please use if required.

Signed: _____ **Date** _____

Name: _____ (please print)

Signed: _____ **Date** _____

Name: _____ (please print)