

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 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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If you are happy for us to contact you by telephone, please tick this box:

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 for balances held with the Co-operative Bank which exceed a value of £30,000. Please note that joint accounts are not included in the valuation.

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 – PLEASE COMPLETE ALL SECTIONS

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	

To assist us in verifying your identity, we may need to complete an electronic check using a Fraud Prevention agency. This will appear on your individual credit file as a search completed by The Co-operative Bank. If we are unable to verify your identity electronically, we will ask you to send further proof of ID and address to the Bank. Please ensure all copies of proofs provided are certified. More information about certification and details of the Bank's Privacy Notice can be found on The Co-operative Bank website. By signing the section below, you agree to the Bank completing these searches.

Signed: _____ **Date** _____

Name: _____ **(please print)**

If you are an existing Co-operative Bank/ Smile/ Britannia account holder, please provide your sort code and account number here:

Signed: _____ **Date** _____

Name: _____ **(please print)**

If you are an existing Co-operative Bank/ Smile/ Britannia account holder, please provide your sort code and account number here:

Signed: _____ **Date** _____

Name: _____ **(please print)**

If you are an existing Co-operative Bank/ Smile/ Britannia account holder, please provide your sort code and account number here:

Section 3 - Payment Instructions

Please enter the details of the account you would like the funds to be paid to.

3a) Transfer to:

Payee Name: _____ (please print)

Bank Name: _____ (please print)

Account Number

Sort Code

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Reference (if applicable): _____ (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 account(s).

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.

Please note that if the section below is not signed we are unable to close the account(s)

Signed: _____ **Date** _____

Name: _____ **(please print)**

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

Signed: _____ **Date** _____

Name: _____ **(please print)**

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

Signed: _____ **Date** _____

Name: _____ **(please print)**

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