

Bereavement Instruction

Please complete this form when administering Co-operative and smile accounts in the name of someone who has died.

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 1 – About the person who has died

Name			
Address			
Date of Birth		Date of Death	
Account Number (if known)			
Mortgage Account Number (if applicable)			

You only need to provide account details for one account, but all accounts in the deceased's sole name will be frozen/closed.

Any 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.

Section 2 – About the personal representative(s). Please print.

By signing this form, you are confirming that you are entitled to act as the personal representative for the above named. 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 boxes 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 accounts – PLEASE COMPLETE ALL SECTIONS

First Representative	
Full Name	Address
Date of Birth	Telephone Number
E-mail Address	
Relationship to the deceased	Nationality

Do you have a bank account with The Co-operative Bank or smile? If yes, please provide your account number below.

Second Representative

Full Name	Address
Date of Birth	Telephone Number
E-mail Address	
Relationship to the deceased	Nationality
Do you have a bank account with The Co-operative Bank or smile? If yes, please provide your account number below.	

Third Representative

Full Name	Address
Date of Birth	Telephone Number
E-mail Address	
Relationship to the deceased	Nationality
Do you have a bank account with The Co-operative Bank or smile? If yes, please provide your account number below.	

If you are happy for us to communicate with you by telephone, please tick here:

If you are happy for us to communicate with you by e-mail please tick here:

You can amend your contact preferences at any time.

Please choose a password that can be used to help verify your identity if we need to discuss anything with you: _____

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 £50,000. 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

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.

Signature (1st Representative)

Signature (2nd Representative)

Please print name (1st Representative)

Please print name (2nd Representative)

D D M M Y Y Y Y

D D M M Y Y Y Y

Signature (3rd Representative)

Please print name (3rd Representative)

D D M M Y Y Y Y

Section 3 – Payment Instructions

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

If payment details are to follow please tick here.

Payee Name	
Bank Name	
Sort Code	
Account Number	
Reference (if applicable)	

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)

Signature (1st Representative)

Signature (2nd Representative)

Please print name (1st Representative)

Please print name (2nd Representative)

D D

M M

Y Y Y Y

D D

M M

Y Y Y Y

Signature (3rd Representative)

Please print name (3rd Representative)

D D

M M

Y Y Y Y