Death of Investor - P/reps Request for Funds to Cover Costs Form



Important Information

To complete this form please write inside the boxes in BLOCK CAPITALS using black ink. Please note that we require ID in the form of a passport or driving license. If you need any help please contact your local branch or call us on 0345 734 4345.

1. Details of the deceased investor (PLEASE COMPLETE IN ALL CASES)

Title	Mr Mrs Miss Other Image: Control of the state of the stat									
Please enter ALL forenames										
Surname										
Please specify the account number	of any Newcastle Building Society account held by the late customer.									
Account number										
2. Personal Representative / Solicitor Details										
Title	Mr Mrs Miss Other									
Please enter ALL forenames										
Surname										
Name of Solicitor (if applicable)										
Address										
Property Number	and/or Property name									
Street										
Town	Postcode									
Contact telephone number	Ext: Ext:									
3. Payment Details										
Amount										
£										
Please mark ${f X}$ in ONE box only to a	dvise us of whom the cheque should be made payable to									
	HM Court ServiceFuneral Expenses(to pay probate application fees)(please specify below)									
paid please provide a copy of the re	s. The cheques will be sent made payable as per the instructions on the invoice. If already acceipts and indicate below who the cheque should be made payable to so that they can be rwarded to you unless advised otherwise.									
	an account to pay for inheritance tax this will be paid direct to HM Revenue & Customs. To m to be completed, please tick here if you require a form									

4. Solicitor Details (if applicable)

- . .

If you would like us to send the cheque to your solicitor, please fill out their details below

Address	
Property Number	and/or Property name
Street	
Town	Postcode
Contact telephone number	Ext:

5. Indemnity and Signature - This section MUST be signed by the Personal Representative

As the Personal Representative of the above deceased customer, I hereby agree:

to indemnify the Society in respect of any costs, claims or disputes which may arise as a result of payment being made without / prior to a grant of representation for the deceased's estate;

that I have the authority of the other personal representatives (if applicable) to deal with the deceased's estate; and if grant of representation is being applied for, to produce the grant of representation to the Society as soon as I am able after it has been received.

Signature of Personal Representative	
PLEASE SIGN WITHIN THIS BOX	
PLEASE PRINT NAME	

Date											
[D	D	Μ	Μ	Υ	Υ	Υ	Υ			