

Death of Investor - P/rep's 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 ☐
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:

3. Payment Details

Amount

£

Please mark **X** in **ONE** box only to advise us of whom the cheque should be made payable to

HM Court Service ☐
(to pay probate application fees)

Funeral Expenses ☐
(please specify below)

Please provide copies of all invoices. The cheques will be sent made payable as per the instructions on the invoice. If already paid please provide a copy of the receipts and indicate below who the cheque should be made payable to so that they can be reimbursed. All payments will be forwarded to you unless advised otherwise.

If you would like use funds from an account to pay for inheritance tax this will be paid direct to HM Revenue & Customs. To do this we will require a IHT432 form 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	<input type="text"/>	and/or Property name	<input type="text"/>
Street	<input type="text"/>		
Town	<input type="text"/>	Postcode	<input type="text"/>
Contact telephone number	<input type="text"/>	Ext:	<input type="text"/>

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

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE PRINT NAME