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 investo | or (PLEASE COMPLETE IN ALL CASES) | | | | | | | | | | | | | |
| Title Please enter ALL forenames Surname Please specify the account number of | Mr Mrs Miss Other Miss Other Mrs Miss Other Mrs Miss Miss Other Mrs Mrs Miss Miss Miss Miss Miss Miss | | | | | | | | | | | | | |
| Account number | | | | | | | | | | | | | | |
| 2. Personal Representative / Solic | itor 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 Postcode | | | | | | | | | | | | | |
| Contact telephone number | Ext: | | | | | | | | | | | | | |
| 3. Payment Details | | | | | | | | | | | | | | |
| Amount | | | | | | | | | | | | | | |
| £ | | | | | | | | | | | | | | |
| Please mark $old X$ in ONE box only to advise | e us of whom the cheque should be made payable to | | | | | | | | | | | | | |
| | HM Court Service Funeral Expenses (to pay probate application fees) (please specify below) | | | | | | | | | | | | | |
| | ne cheques will be sent made payable as per the instructions on the invoice. If already paid please cate below who the cheque should be made payable to so that they can be reimbursed. All payadvised otherwise. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | count to pay for inheritance tax this will be paid direct to HM Revenue & Customs. To do this we leted, 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 no | | | | | | | | | | | | nar | ne | | | | | | | | | | | | | | | |
|--------------------------|--------------------|--|--|--|--|--|--|--|--|--|--|--|-----|----|--|--|--|---|------|---|--|----|------|-----|------|--|--|--|--|
| Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town | | | | | | | | | | | | | | | | | | | | | | Po | osto | cod | le [| | | | |
| Contact telephone number | | | | | | | | | | | | | | | | | | ſ | 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:

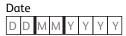
to indemnify the Society in respect of any costs, claims or disputes which may arise as a result of payment being made without / prior to a grant of representation for the deceased's estate;

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



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