

Personal representative registration

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 licence. If you need any help please contact your local branch or call us on: **0345 604 0050** (lines open 8am to 6pm, Monday to Friday).

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

Title Mr ☐ Mrs ☐ Miss ☐ Other

Please enter ALL forenames

Surname

Does the customer hold a savings account, mortgage, or both with the Society?

Savings ☐ Mortgage only ☐ Both ☐

Please provide the account number of any Manchester Building Society account held by the customer, including the 3 letter prefix

--	--	--	--

2. Personal representative/solicitor details

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
Please enter ALL forenames	<input type="text"/>							
Surname	<input type="text"/>							
Name of Solicitor (if applicable)	<input type="text"/>							
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"/>		

3. Information required for savings customers

Please mark X in ONE box only, to advise us of the account(s) for which you require balance(s) as at the date of death:

None required ☐ Sole account(s) ☐ Joint account(s) ☐

Please mark X in the box(es) below to advise us if you require release of funds from the late customer's account(s) to pay for any of the following:

Inheritance tax Probate fees Funeral expenses

4. Information required for savings and/or mortgage customers

We will require a Grant of probate, letters of administration or confirmation (Scotland) in order to close the account(s) if:

- The total balance in savings with the Society is over £30,000
- These documents have been applied for or obtained for some other reason for any amount
- The customer held a mortgage with the Society

Please mark **X** in **ONE** box only, to advise us which of the following you will be applying for.

Grant of probate ☐ Letters of administration ☐ Confirmation (Scotland) ☐

Savings customers only: if you are NOT applying for either a grant of probate, letters of administration or confirmation and would like to close the customer's account(s), please mark **X** in this box ☐

Signature of Personal Representative PLEASE SIGN WITHIN THIS BOX	PLEASE PRINT NAME	Date <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D									
M	M									
Y	Y	Y	Y							