

Personal Representative Registration 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 licence. If you need any help please contact your local branch or call us on 0345 734 4345.

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 Newcastle Building Society?

Savings Mortgage only Both

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

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. 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) only Joint and Sole 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 Newcastle Building 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 Newcastle Building 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