

Death of investor - request for funds to cover costs

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**.

| 1 Details of the deceased invest | tor (PLEASE COMPLETE IN ALL CASES) |
|--|---|
| | Mr Mrs Miss Other |
| Please enter ALL forenames | Wils Wils Other |
| Surname | |
| | of any Manchester Building Society account held by the late customer. |
| Account number | or any manchester building Society account held by the late customer. |
| 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 |
| Contact telephone number | Ext: |
| 3. Payment details | |
| Amount | £ |
| Please mark $old X$ in ONE box only to ac | dvise us of whom the cheque should be made payable to: |
| HM court service (to pay probate application fees) | Funeral expenses (please specify below) |
| already paid please provide a copy | s. The cheques will be sent made payable as per the instructions on the invoice. If of the receipts and indicate below who the cheque should be made payable to so that at will be forwarded to you unless advised otherwise. |
| | |
| If you would like to use funds from a | an account to pay for inheritance tax this will be paid direct to HM Revenue & Customs. |

To do this we will require a IHT423 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 | 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 | Date DD MM YYY | YY |
|--|----------------|----|
| PLEASE PRINT NAME | 7 | |