

BEREAVEMENT FORM

Section 1 – Details of the deceased customer

Title (The late) Mr Mrs Miss Ms Other (please specify)

Surname

First name(s)

Date of Birth (DD MM YYYY)

Date of Death (DD MM YYYY)

Section 2 – Details of Scottish Widows Bank accounts held

Account Number 1

Name of Account Holder(s)

Account Number 2

Name of Account Holder(s)

Account Number 3

Name of Account Holder(s)

Section 3 – Details of solicitor (if acting on behalf of estate)

Name of Solicitor

Address of Solicitor

Postcode

Law Society Registration (or equivalent) number

Contact Name

Contact Telephone number

Section 4 – Details of the Personal Representatives acting on behalf of the estate

Notes:

- The Personal Representatives are those entitled to receive the funds on behalf of the estate i.e. next of kin, executors or administrators.
- We need full details and signatures of all the Personal Representatives named on this form. Personal Representatives can be the next of kin, executor or administrator of an estate.
- We will correspond with the first named Personal Representative unless you request otherwise. Prior to closure of the account we will confirm the payment details to all named parties.

To comply with Money Laundering Regulations Scottish Widows Bank need to verify your identity.

Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you confirming your identity and address.

Funds will not be released until the Money Laundering checks are complete.

In order to discuss account information with any one of the personal representatives, please provide us with two codewords of your choice. For security we will ask you to confirm these codewords when you call us. You do not have to provide codewords, however without these we can only release account information upon written request, and will not be able to discuss any account information over the telephone.

Codeword 1

Codeword 2

Personal Representative 1

Title Mr Mrs Miss Ms Other (please specify)

Date of birth (DD MM YYYY)

Full name

Home address

Postcode

Contact telephone number

Personal Representative 2

Title Mr Mrs Miss Ms Other (please specify)

Date of birth (DD MM YYYY)

Full name

Home address

Postcode

Contact telephone number

Personal Representative 3

Title Mr Mrs Miss Ms Other (please specify)

Date of birth (DD MM YYYY)

Full name

Home address

Postcode

Contact telephone number

Section 6 – Bank Details

- Please provide the details of the account where the balance of the Scottish Widows Bank accounts will be paid.
- Please note this must be an Executor(s) account (an account solely for the purposes of dealing with the estate) – the funds cannot be transferred to a personal account.
- If the undernoted is not a solicitor’s client account then bank identification for this account is required in the form of original bank statement, cancelled cheque or bank giro credit form.

Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<input type="text"/>
Roll No if Applicable	<input type="text"/>

Section 7 – Declaration

We, the Personal Representatives, confirm we agree for the funds to be paid to the bank account named in Section 6 of this form.

	Signature	Date (DD MM YYYY)
Signature Personal Representative 1	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature Personal Representative 2	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature Personal Representative 3	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature Personal Representative 4	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

We will confirm payment details to all named Personal Representatives prior to the Scottish Widows Bank account being closed.

Please find enclosed our Bereavement Guide which explains what you need to do. Use the checklist below to ensure all relevant documentation has been returned to allow us to close the account(s):

Checklist:

Bereavement Form – fully completed and signed	<input type="checkbox"/>
Death Certificate	<input type="checkbox"/>
Bank identification for Executor(s) account	<input type="checkbox"/>
Grant of Representation – if applicable (see user guide for further information)	<input type="checkbox"/>

If you have any questions relating to this form or what happens next, please call our customer service team on **0345 845 0829**.
Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).

Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 201601.

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