

Bereavement Instruction

In the event that you are the bereaved or you are acting on the behalf of the bereaved of an Assetz Capital account holder, please complete the below form.

Please ensure all relevant sections of this form are completed.

If you need any help completing this form, please contact our Customer Service Team on 0800 470 0430 (Option 1).

Section 1a - Details of the deceased customer (Please Print).

Name	
Address	
Email Address	
Date of Birth	
Date of Death	

Section 1b – Account reference (if known)

Please enter the reference numbers of the account(s).

Section 2 – Details of Personal Representatives (Please Print).

Please indicate whether Letters of Administration, a Grant of Probate or a Certificate of Confirmation is required.

This is required for accounts with a balance of more than £5000.

Probate Required

Probate not required

Balance not known

By signing the declaration in section three of this form, you are confirming you are entitled to act as a personal representative for the deceased. To act as a personal representative, you must do so in one of the following capacities. Please check the box to indicate which capacity you comply with.

Executor(s) of a will

Next of Kin (no valid will exists)

3rd Parties (eg. solicitor)

Full name (1 st representative)	
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Date of birth	
Address	
Telephone number	
Email address	
Relationship to deceased	

Full name (2nd representative)	
Date of birth	
Address	
Telephone number	
Email address	
Relationship to deceased	

Full name (3rd representative)	
Date of birth	
Address	
Telephone number	
Email address	
Relationship to deceased	

Documents required:

- The Will.
- A copy of the Death Certificate
- Proof of ID – Passport or UK driving licence for executor/beneficiary.
- Proof of Address and Proof of Bank Account ownership that funds are to be paid into. This is to be held in the name(s) of the beneficiary/beneficiaries or in the nominated account holder.
- Grant of probate /Letters of Administration/Certificate of Confirmation if the balance exceeds £5000 (this can be confirmed upon receipt of the above documents).

These may be scanned and emailed to bereavement@assetzcapital.co.uk or posted to

Assetz House
Manchester Green
335 Styal Road
Manchester
M22 5LW

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Section 3 – Declaration

Please read the declaration and sign below to confirm the closure of the above accounts.

I declare that:

The information given on this form is complete and correct.

I/we are legally entitled to administer the deceased's estate (in accordance with what is stated in the Will or the laws of intestacy if no Will exists)

The people named in Section Two are entitled to apply for Letters of Administration, a Grant of Probate or a Certificate of Confirmation to administer the deceased's estate in accordance with the laws of intestacy.

(Please Note: If you are in any doubt at all as to whether you are entitled to apply for Letters of Administration, a Grant of Probate or a Certificate of Confirmation, you should get independent legal advice from a solicitor or from a local Citizen's Advice Bureau).

Where Assetz Capital have agreed to release funds without Grant of Probate or Letters of Administration the following will also apply:

I/we guarantee and promise to indemnify and keep indemnified at all times Assetz Capital SME Ltd from and against all actions, proceedings, costs, claims, expenses and demands whatsoever from or by any other person(s) which might arise as a result of making such a payment or transfer, including but not limited to, the settlement of any claims against Assetz Capital SME Ltd arising from such payment or transfer.

Where this declaration is given by more than one of us each of us will be jointly and individually liable for it.

I/We are entitled either solely or with others, to the balance(s) in the late customers account(s) with Assetz Capital SME Ltd.

Where any other beneficiary(ies) is/are entitled to a share of these funds you confirm I/We have their consent to accept this agreement.

Signed: _____ Date _____
Name: _____ (please print)

****Please note that we may need to ask for proof of identification and Address****

Additional Signatures – please use if required.

Signed: _____ Date _____
Name: _____ (please print)

Signed: _____ Date _____
Name: _____ (please print)