

Bereavement Instruction

Please complete this form when administering Co-operative and smile accounts in the name of someone who has died.

Please ensure all 4 sections of this form are completed in all circumstances.

For further guidance and contact information please visit our website co-operativebank.co.uk.

Section 1 – About the person who has died

Name			
Address			
Date of Birth		Date of Death	
Sort Code & Account Number (if known)			
Co-operative Bank Mortgage Account Number (if applicable)			

You only need to provide account details for one account, but all accounts in the deceased's sole name will be frozen/closed.

Any joint accounts will be transferred into the surviving account holder's name unless stated otherwise. If you would like joint accounts to be closed, please tick this box. ☐

Please indicate whether a Grant of Probate, Letters of Administration or Certificate of Confirmation is required. We need to see this for balances held with the Co-operative Bank which exceed a value of £50,000. Please note that joint accounts are not included in the valuation.

Grant of Probate / Letters of Administration / Certificate of Confirmation required ☐

Grant of Probate / Letters of Administration / Certificate of Confirmation not required ☐

Section 2 – About the personal representative. Please print.

Please provide all of the following information. By signing this form, you are confirming that you are entitled to act as the personal representative for the above named. To act as a personal representative, you must do so in one of the following capacities. Please check the box to indicate which capacity applies to you.

Executor of a will ☐ Administrator of the deceased's estate ☐ Next of Kin (no valid will exists) ☐

About you

Full Name	Address
Date of Birth	Telephone Number

E-mail Address	
Relationship to the deceased	Nationality
Do you have a bank account with The Co-operative Bank or smile? If yes, please provide your account number below.	

If you are happy for us to communicate with you by telephone, please tick here: ☐

If you are happy for us to communicate with you by e-mail please tick here: ☐

You can amend your contact preferences at any time.

Please choose a password that can be used to help verify your identity if we need to discuss anything with you: _____

Please note: to assist us in verifying your identity, we may need to complete an electronic check using a Fraud Prevention agency. This will appear on your individual credit file as a search completed by The Co-operative Bank. If we are unable to verify your identity electronically, we will ask you to send further proof of ID and address to the Bank. Please ensure all copies of proofs provided are certified. More information about certification and details of the Bank's Privacy Notice can be found on The Co-operative Bank website.

Section 3 – Payment Instructions

Please enter the details of the account you would like the funds to be paid to.

If payment details are to follow please tick here. ☐

Payee Name	
Bank Name	
Sort Code	
Account Number	
Reference (if applicable)	

Section 4 – Declaration

Please read the declaration and sign below to confirm the closure of the above account(s).

I declare that:

- The information given on this form is complete and correct.
- I am 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).
- I am an executor or administrator of the deceased customer, and am entitled to apply for a Grant of Probate/Letters of Administration/Certificate of Confirmation to administer the deceased's estate in accordance with the Will or the laws of intestacy.

- I am entitled either solely or with others, to the balance(s) in the late customers account(s) with The Co-operative Bank plc.
- Where more than one executor or administrator has been appointed, I confirm that I have their consent to accept this agreement and receive the funds on their behalf.
- I authorise The Co-operative Bank plc. to use available credit balances in sole accounts held in the deceased's name, to set off any outstanding balances which the deceased owed to them and which are due for payment in sole accounts held in the deceased's name, so that it reduces or repays the amount owed.
- I agree to The Co-operative Bank plc. completing identity verification searches, which will appear on my individual credit file.

Where The Co-operative Bank plc. has agreed to release funds without Grant of Probate or Letters of Administration, I also declare that:

- I guarantee and promise to indemnify and keep indemnified at all times The Co-operative Bank plc. 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 The Co-operative Bank plc. arising from such payment or transfer.
- Where any other beneficiary(ies) is/are entitled to a share of these funds, I confirm I have their consent to accept this agreement and receive the funds on their behalf.
- I acknowledge that The Co-operative Bank plc. has agreed to act upon instructions in good faith and in reliance on the information provided. Accordingly, if I or The Co-operative Bank plc. become aware of any circumstances under which I am not entitled to receive the funds, I agree to return them in FULL within 14 calendar days.
- I agree to reimburse The Co-operative Bank plc. for any losses or costs incurred as a result of another person being entitled to a share of any money paid to me.

Please note that if the section below is not signed we are unable to close the account(s)

Signature							
Please print name							
D	D	M	M	Y	Y	Y	Y