

Deceased customer account(s) closure form

Withdrawals are payable by electronic payment and can only be paid to the personal representative(s) or Solicitor named in this form

This form should be completed by all of the Personal Representatives or the solicitor acting for the Personal Representative(s) of the deceased customer's estate. If you are a solicitor acting for the Personal Representative(s), you'll need to complete their details below and also complete the solicitor details section with your own information.



*The term "Grant of Representation" covers both a Grant of Probate (where there is a Will) or Letters of Administration (where there is no Will)

Please note, we may require other documents from you to accompany this form, please take a look at the check list on page 4 to see which apply to you.

Please use black ink and write in CAPITALS.

Section A: Details of all Personal Representative(s) or Solicitor

Personal Representative's details 1

Forename

Middle name(s)

Surname

Date of birth / / (DD/MM/YYYY)

Preferred contact number

Property number and/or

Property name

Street

Town

County

Postcode

Email

Personal Representative's details 2

Forename

Middle name(s)

Surname

Date of birth / / (DD/MM/YYYY)

Preferred contact number

Property number and/or

Property name

Street

Town

County

Postcode

Email

Personal Representative's details 3

Forename	<input type="text"/>
Middle name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/> (DD/MM/YYYY)
Preferred contact number	<input type="text"/>
Property number	<input type="text"/> and/or
Property name	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>

Personal Representative's details 4

Forename	<input type="text"/>
Middle name(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="/"/> / <input type="text" value="/"/> (DD/MM/YYYY)
Preferred contact number	<input type="text"/>
Property number	<input type="text"/> and/or
Property name	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>

We will verify the identity details provided in order to comply with our legal and regulatory obligations including UK anti-money laundering regulations and for the purposes of ongoing fraud detection and reporting. More details about how we process your personal data can be found in our Privacy Notice:

kentreliaance.co.uk/legal/privacy-policy

Solicitor details

Please note, a solicitor appointed as a Personal Representative should complete this form in that capacity. Where a solicitor is acting for the Personal Representative(s), the form must still be completed by the Personal Representative(s).

Solicitor's name	<input type="text"/>
Name of organisation	<input type="text"/>
Reference	<input type="text"/>
Phone number	<input type="text"/>
Email	<input type="text"/>

Address of organisation

Property number	<input type="text"/> and/or
Property name	<input type="text"/>
Street	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>

I am acting as the Personal Representative

I am acting on behalf of the above Personal Representative (s)

We'll seek to electronically verify the identity and address details provided in order to comply with our legal and regulatory obligations including UK anti-money laundering regulations and for the purposes of ongoing fraud detection and reporting. If we're unable to verify your identity and/or address electronically, we'll ask you for documents to confirm these. Please contact us on **0345 122 1120** for details on acceptable proofs of ID and Address.

Details of how we and fraud prevention agencies use customer information and your data protection rights, can be found in our Privacy Notice, which is available to view at kentreliaance.co.uk/legal/privacy-policy.

If you have any queries relating to the use and storage of your information, please email dataprotection@osb.co.uk

Section B: What would you like to do with the funds in the accounts(s)?

Electronic payment

Please close the account(s) and transfer the full balance including any accrued interest to the account detailed below*.

Full account name Max 18 characters

Sort code - -

Account number

Prior to releasing funds, we will need to verify that all requirements have been met.

To comply with anti-money laundering procedures we will electronically verify the above account. If this cannot be verified electronically we will request further proof in the form of a bank statement.

Contact us on **0345 122 1120** for assistance.

*Please note, funds can only be paid to the person or persons as named above as personal representative or solicitor.

Please carefully check the above account information. It is your responsibility to provide us with the correct information for this payment.

Section C: Indemnity

This section should be completed by **all** Personal Representatives of the deceased.

I/We (full name)
of address(es)

Postcode

Represent that

Full name of deceased
Formerly residing at

Postcode

Died on:

 / / (DD/MM/YYYY)

and at the date of death left a sum of money with One Savings Bank plc t/a Kent Reliance ('the Bank'), which in total, did not exceed Thirty Five Thousand Pounds (£35,000) including interest under the below savings account number(s):

I am/We are the person(s) entitled to administer the deceased's estate. In consideration of the Bank paying to me/us the funds held by it in the name of the deceased upon my/our representation of being entitled to such funds:

- I/We give this indemnity both in my/our personal capacity and as the person(s) entitled to administer the deceased's estate.
- I/We will be responsible for any losses or costs the Bank suffers as a result of any other person being entitled to all or any of the funds the Bank pay to me/us under the terms of this agreement.
- I/We agree to pay back to the Bank all monies it has paid to me/us in reliance on this representation together with any costs reasonably incurred by the Bank in dealing with the claim made by the person actually entitled to the money.

Section D: Declaration

I/We declare that, to the best of my/our knowledge and belief, the information I/we have given on this form is true and correct.

To be signed by all Personal Representatives detailed on the Grant of Probate/Letters of Administration/Section C.

Signature	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/>
Signature	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/>
Signature	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/>
Signature	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/>

Check list of documents required to accompany this form

If the balance of the deceased's account(s) held with us at the date of death is £149.99 or below (including accrued interest), please send us the following when returning this completed form:

- Certified copy of the Death Certificate/Coroner's Interim Certificate/Solicitor's Verification of Death form (if we've not received this already)

If the balance of the deceased's account(s) held with us (including accrued interest) is between £150.00 -£34,999.99, please send us the following when returning this completed form:

- Certified copy of the Death Certificate/Coroner's Interim Certificate/Solicitor's Verification of Death form (if we've not received this already).

If obtained, we can accept a Grant of Probate/Letters of Administration (a copy certified by a professional etc.)

- Proof of name and address identification documents for each of the deceased's personal representatives named in the Indemnity (Section C) or Grant of Probate/Letters of Administration.

If the balance of the deceased's account(s) held with us at the date of death is over £35,000.00* (including accrued interest), please send the following when returning this completed form:

- Grant of Probate/Letters of Administration (a copy certified by a professional etc.)

- Proof of name and address identification documents for each of the deceased's personal representatives named in the Grant of Probate/Letters of Administration.

***Please note**, if the total balance of the deceased's account(s) was £35,000.00 or above as at the date of death but has since fallen below, we will still require a Grant of Probate/Letters of Administration to close the account.

If you have requested for the funds from the deceased's account(s) to be transferred electronically, we will electronically verify the payee account details provided. If the verification fails we will require the following documents relating to the account to which the closing funds are to be sent as set out in the Deceased Customer Account(s) Closure form:

A bank statement for the account dated within the last 3 months showing the account name, address and account details.
The bank statement can be a photocopy or a printed copy of an online statement.

We can accept a copy of the Death Certificate and Grant of Probate / Letters of Administration (this is what we would recommend) provided it's been certified on each page by a professional person or service. For more information on who can certify your document, please take a look at "Who can certify a copy of a document" below.

If you send us a Coroner's Interim Certificate, we will need to contact the Coroner to confirm its validity. If we are unable to confirm this, we'll require a certified copy of the Death Certificate in order to close the account.

Who can certify a copy of a document?

- An FCA authorised person or firm - Must include their FCA approved person reference number
- A qualified solicitor/licenced conveyancer/an approved person within a legal practice - Must be listed on a professional body website
- A bank or building society manager/employee - Must include the branch stamp
- An actuary or accountant - Must be a member of a recognised professional body
- A general practitioner/dentist or similar - Must be listed on a professional body website
- The Post Office Document Certification Service - Must be on an official form and include the Post Office branch stamp

Your certification checklist – what needs to be included on every page of the copy?

- | | |
|--|--|
| <input type="checkbox"/> The certifier's full name and signature | <input type="checkbox"/> The date the original document was seen |
| <input type="checkbox"/> The certifier's business address and phone number | <input type="checkbox"/> The statement 'I certify this is a true copy of the original' |

Please note, we may need to contact the certifier to verify them.

As we may not be able to verify a retired professional, we recommend you use a person in current employment.

If you're unable to supply a copy of a document that has been certified by one of the above, please call us on **0345 122 1120** to discuss what other options may be available.

Where to send your documents

Please email your documents to customerservice@kentreliance.co.uk

We can provide literature in large print, Braille or audio. Please ask us for this form in an alternative format if you need it.



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