

# ACCOUNT CLOSURE FORM

Please fill out this form using black ink and **BLOCK CAPITALS**, sign and date, and return to us at the address shown on the right (no stamp needed).

- We're able to send your closing balance(s) by electronic transfer or paid out by cheque(s).
- For electronic transfers we'll need to verify the bank details provided. If they can't be verified electronically, we'll ask for further proof via a photocopy of either a bank statement or bank letter. This will need to be dated within the last 90 days and match the details on this form.
- We'll also need to verify the identities of all the personal representatives before we can carry out your instructions. We'll do this electronically, and if we're unable to verify your identities we'll contact you within 5 business days of receiving this form to let you know what extra information we need.

Please also review our privacy policy at [www.aldermore.co.uk/legal/privacy-policy](http://www.aldermore.co.uk/legal/privacy-policy) before signing the form. By completing and signing this form, you confirm that you've read and accept it.

Aldermore account number(s):

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## Aldermore

Freepost RSAZ-AXXH-LHAX  
PO Box 762  
WALLSEND  
NE28 5DH

**t:** 0345 604 2678

**e:** [service@aldermoresavings.co.uk](mailto:service@aldermoresavings.co.uk)

**w:** [aldermore.co.uk](http://aldermore.co.uk)

## 1.0 Personal representatives' details

In order to close the above account(s), we need all personal representatives named on the Grant of Probate/ Certificate of Confirmation/Administration of Small Estates form to provide their details and sign and date below.

### Representative 1

<b>Title</b>	
<b>Surname</b>	
<b>First names(s)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact telephone number</b>	
<b>Date of birth</b>	

<b>Signature</b>	
<b>Date</b>	

### Representative 2

<b>Title</b>	
<b>Surname</b>	
<b>First names(s)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact telephone number</b>	
<b>Date of birth</b>	

<b>Signature</b>	
<b>Date</b>	

## 1.0 Personal representatives details continued

(please complete if there are more than 2 personal representatives)

### Representative 3

<b>Title</b>	
<b>Surname</b>	
<b>First names(s)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact telephone number</b>	
<b>Date of birth</b>	

<b>Signature</b>	
<b>Date</b>	

### Representative 4

<b>Title</b>	
<b>Surname</b>	
<b>First names(s)</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact telephone number</b>	
<b>Date of birth</b>	

<b>Signature</b>	
<b>Date</b>	

## 2.0 Payment details

Depending on how you'd like your closing balance transferred, please fill out either section **2.1** or **2.2** of this form.

### 2.1 Electronic transfers

Please tick to confirm you'd like to close the account(s) and pay the full balance including any accrued interest to the account\* included below.

<b>Sort code</b>	
<b>Account number</b>	
<b>Account name</b>	

\*Please note, the account needs to be in the name of a person or persons named as a personal representative or solicitor

### 2.2 Cheque(s) made payable to

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