

ADMINISTRATION OF SMALL ESTATES

Please complete this form using black ink and **BLOCK CAPITALS** and send back to us at the address shown on the right (no stamp needed). Please also take a moment to review our **privacy policy** (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.

* Delete as appropriate.

Aldermore

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

t: 0345 604 2678

e: service@aldermoresavings.co.uk

w: aldermore.co.uk

1. Personal representatives

Representative 1	
Full name	
Date of birth	
Address	
	Postcode
Previous address (if you have changed address in the last 3 months)	
	Postcode

Representative 2		
Full name		
Date of birth		
Address		
	Postcode	
Previous address (if you have changed address in the last 3 months)		
	Postcode	

Representative 3		
Full name		
Date of birth		
Address		
	Postcode	
Previous address (if you have changed address in the last 3 months)		
	Postcode	

Representative 4		
Full name		
Date of birth		
Address		
	Postcode	
Previous address (if you have changed address in the last 3 months)		
	Postcode	

2. Declaration and signature(s)

*I/We do hereby solemnly and sincerely declare:

That (full name of deceased)	
Lately residing at	
died on the (dd/mm/yyyy)	

and that the certificate hereto annexed is a certificate of the death of the deceased who was the

owner of Investment Accounts(s) number(s)	
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with Aldermore Bank PLC, which in total, did not exceed twenty thousand pounds (£20,000.00)

A - Where a Will has been left:

That the deceased left a Will dated (dd/mm/yyyy)	
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and either that under that Will I/we am/are* the person(s) beneficially entitled to receive the money which stands in the name of the deceased with the Bank

OR

I/we am/are* the personal representative(s) named in the said Will

and that	
of	

is/are* the person(s) beneficially entitled to receive the money under that said Will

B - Where no Will has been left (only complete section if A does not apply)

That the said deceased died without leaving a Will or Testamentary Paper of any description and I/we am/are* the next/the closest of kin to the deceased and under the law now in force in England and Wales/Scotland I/we am/are* the person(s) beneficially entitled to receive and administer the money which still stands in the name of the deceased with the Bank.

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Signed

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Signed

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Signed

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Signed

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Date (dd/mm/yyyy)

3. To be completed by the Commissioner for Oath/Solicitor (not required where the balance is less than £1000)

Declaration by the above named					
at			in the County of		
this		day of		20	
before me					
Name and address of firm					
I confirm that I have verified the identity of the personal representative(s) in line with Money Laundering Regulations and Aldermore Bank PLC can rely on this (please tick to confirm)					

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Signed

Print name	
Postition	
Date (dd/mm/yyyy)	