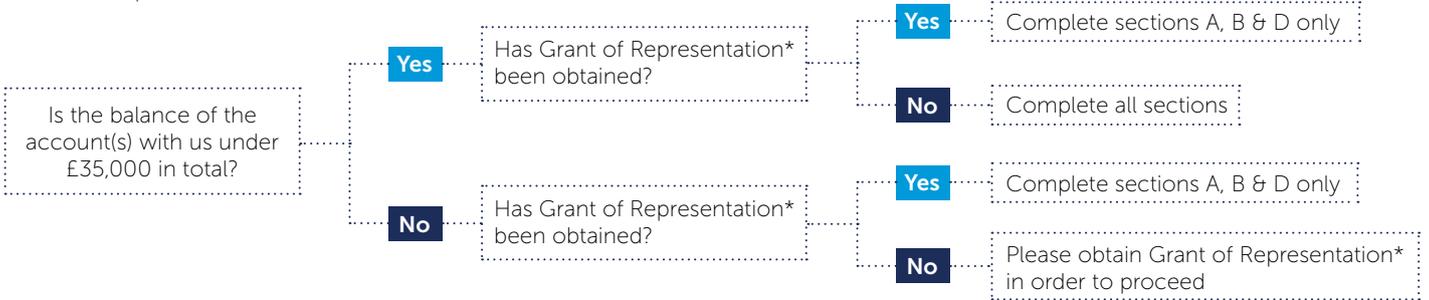


Deceased Customer Account(s) Closure form



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.

How to complete this form:



*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.

Transfer of ownership (non-ISA's only)

To transfer the ownership of an existing account please contact us on 0800 032 9999 to progress this request.

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

Personal Representative(s) of:
 Charter Savings Bank account number(s):

Personal Representative's details 1:

Title:
 Forename(s):
 Middle name(s):
 Surname:
 Date of birth (DD/MM/YYYY):
 Preferred contact number:
 Address:

Personal Representative's details 2:

Title:
 Forename(s):
 Middle name(s):
 Surname:
 Date of birth (DD/MM/YYYY):
 Preferred contact number:
 Address:

Personal Representative's details 3:

Title:
 Forename(s):
 Middle name(s):
 Surname:
 Date of birth (DD/MM/YYYY):
 Preferred contact number:
 Address:

Personal Representative's details 4:

Title:
 Forename(s):
 Middle name(s):
 Surname:
 Date of birth (DD/MM/YYYY):
 Preferred contact number:
 Address:

Details of solicitor:

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:

Address of organisation:

Name of organisation:

Phone number:

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 see the Identity Requirements leaflet in the Useful Documents section of our website for details of the documents we'll accept.

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 www.chartersavingsbank.co.uk/Help/Documents.

If you have any queries relating to the use and storage of your information, please contact us at: **Charter Savings Bank, PO Box 855, Wallsend, NE28 5BL.**

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

Option 1: Electronic transfer

Please close the account(s) and pay the full balance including any accrued interest by electronic transfer to the account* detailed below:

Full customer name:

Sort code:

Account number:

*Please note, the account needs to be in the name of a person or persons named above as a 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.

To comply with anti-money laundering procedures, we'll seek to electronically verify the above account using third party data authentication systems. If it cannot be verified electronically, we'll request further proof in the form of a bank statement. If you cannot provide this, a cheque will be made payable to the person(s) named above.

Prior to releasing funds, we'll need to verify that all requirements have been met. Once this has been confirmed, payment will be processed within 7 working days.

Option 2: Cheque

Please close the account(s) and pay the full balance including any accrued interest by cheque to the payee(s) detailed below:

Cheque payable to (please provide full names):

Please send cheque to:

Name:

Address:

Section C: Indemnity

Please only complete this section if the balance of the account(s) with us is under £35,000 and Grant of Representation has not been obtained.

I / Weof address(es)

.....

represent that:

full name of deceased

formally residing atPostcode

died on (DD/MM/YYYY)

and left a sum of money with Charter Court Financial Services Limited T/A Charter Savings Bank ('the Bank'), which in total, does not exceed Thirty Five Thousand Pounds (£35,000) including interest under 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

To be signed by all Personal Representatives detailed on the Grant of Representation or Section C of this form.

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.

Signed:.....Name:.....Date (DD/MM/YYYY):.....

Signed:.....Name:.....Date (DD/MM/YYYY):.....

Signed:.....Name:.....Date (DD/MM/YYYY):.....

Signed:.....Name:.....Date (DD/MM/YYYY):.....

Check list of documents required to accompany this form

If the balance of the deceased's account(s) held with us exceeds £35,000, please include the following when returning this completed form:

- Grant of Probate / Letters of Administration; and
- 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 does not exceed £35,000 and Grant of Representation has not been obtained, please include the following when returning this completed form:

- 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 does not exceed £35,000 and Grant of Representation has been obtained, please include the following when returning this completed form:

- the death certificate / Coroner's Interim Certificate / Solicitor's Verification of Death form (if we've not received this already)
- Grant of Probate / Letters of Administration.

We can accept a copy of the Death Certificate (this is what we would recommend) provided it's been certified on each page by a professional person or service. Rest assured we'll return all documents to you as soon as possible. For more information on who can certify your document, please take a look at our Certifying copies of original documents below.

If you send us a Coroner's Interim Certificate, we will need to contact the Coroner to confirm its validity. Should we not be able to confirm this, we'll require the original or 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?

- | | |
|---|---|
| ✓ The certifier's full name and signature | ✓ The date the original document was seen |
| ✓ The certifier's business address and phone number | ✓ 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 0800 032 9999 to discuss what other options may be available.

Where to send your documents

Charter Savings Bank
PO Box 855
Wallsend
NE28 5BL

If you're sending important documents to us, you might also want to send them by Special Delivery for your own peace of mind.

We can provide literature in large print, Braille and audio. Please ask us for this leaflet in an alternative format if you need it. If you require any additional support with managing your account, you can contact us either by phone, in writing or by visiting chartersavingsbank.co.uk/help/additional_support for more information.