## Bereavement Notification Form

FOR USE TO NOTIFY THE BANK OF A DECEASED CUSTOMER

### Bank of Ireland **UK**



#### YOUR PERSONAL INFORMATION

We at Bank of Ireland (UK) plc (the "Bank") take your privacy seriously and we want you to be clear about how we use your personal information. We will use the information you have provided for identification purposes only in dealing with you in your role as the deceased customer's Executor(s)/ Administrator(s) or Nominated Next of Kin and the Bank will comply with the provisions of the General Data Protection Regulations ("GDPR") and the Data Protection Act 1998 as relevant. Please read our Privacy Notice which can be found at bankofirelanduk.com/privacynotice for full details on the types of personal information we collect, how we use it and who we may share it with.

* = mandatory field							
1) DECEASED CUSTOMER DETAILS		Main A/C Number:*					
Customer Name:*		Additional accounts:					
Also known as:							
Customer Address:*							
		Credit car	d No.:				
Alternative or Previous Address:		Please Note: Bank of Ireland is not liable for any extra expenses incurred by the Estate resulting from accounts not being notified to us.					
		Did the De	ceased Customer make a Will?	Yes No			
Date of Death:*  Date of Birth:*	D D M M Y Y Y Y D D M M Y Y Y Y	To the best of your knowledge is there another individual with the same name at the same or similar address?					
2) NOTIFYING PERSON, E	EXECUTOR, ADMINISTRATOR OR NEXT O	F KIN DETAILS	8				
Notifying Persons Name:*		Relationsh	Relationship to the Deceased?				
Executor:		Executor/	Executor/Administrator/Next of Kin				
Administrator:		Name:					
Next of Kin:		Address:					
Notifying Persons Tel no:							
		Tel no:					
			Tel No. For Use Only in Relati	ion to This Notification			
Is the Executor/Administrator/	Next of Kin an existing Bank of Ireland custon	ner?	Yes No				
If yes, please supply a Bank o							
If no, send certified copies of p	oroof of iD and address.						
3) SOLICITORS DETAILS							
Confirm whether a Solicitor has been Yes No appointed to act in the administration of the Estate?*		If Yes we will correspond directly with Solicitors  Solicitors Address:*					
Firm of Solicitors:*							
Solicitors Name:							
Solicitors Tel No.:							

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lotes: If there is any additional information, relevant to this	s case which should b	e communicated to	the Bereavement S	Support Unit, pleas	se outline below:	
PLEASE TICK THE BOXES BELOW TO LET US KI	NOW WHICH DOCUM	MENTATION YOU	HAVE ATTACHED:			
	Tick here	Funeral Director expenses	Other funeral related expenses (e.g. florist, catering) up to £10,000	Settlement (total value of all accounts in sole name up to £30,000)	Settlement (total value of all accounts in sole name above £30,000)	
Certified copy of proof of death		<b>~</b>	<b>~</b>	•	<b>~</b>	
Certified extract of Will naming Executor(s) (if there s a will)			<b>v</b>	<b>~</b>		
If you are not a Bank of Ireland customer a certified copy of proof of identity and address		<b>~</b>	<b>~</b>	<b>~</b>	<b>~</b>	
Our Payment Authorisation form for Funeral Director Invoices		<b>~</b>				
Our Indemnity form for other funeral-related nvoices			~			
Certified copy of Grant of Probate / Letters of Administration					<b>~</b>	
Our Indemnity on Payment of Monies from Deceased Customer's Account form				<b>~</b>		
Our Payment Authorisation form for Executors / Administrators				<b>~</b>	<b>~</b>	
lease do not send original documentation. We are happy rhere we request additional documentation.	to accept certified co	ppies of documenta	tion. There may be	circumstances		
otifying Persons Signature			Date:	D M M Y	YYY	
end to: BOI BEREAVEMENT SUPPORT UNIT, PO BOX 3	365, DUBLIN 18, IREL	AND				
FOR MANDATORY COMPLETION AT BRANCH - I	NTERNAL USE ONL	Y	Drint			
otifying Branch Name:*	Branch Contac	Branch Contact Name:*				
aff Signature:	Staff No.:*	Staff No.:*				
re the Executors/Administrators/		Mandatory Saf	ekeeping Check			
ext of Kin existing BOI customers?* Yes	No	Is Safekeeping the deceased?		Ye	es No	
yes, please supply a Bank of Ireland Account number:*						