Bereavement Notification Form

Bank of Ireland **UK**

* = mandatory field 1) DECEASED CUSTO	IMED DETAILS						
1) DECEASED CUSTO Customer Name:*	INIER DETAILS	Main A/C	Number:*				
Customer Address:*		Additiona	al accounts:				
Alternative or Previous Address:		Credit card No.:					
Date of Death:* Date of Birth:*		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 Deceased Customer make a Will?* Yes No Did the Deceased Customer hold Safekeeping? Yes No					
2) NOTIFYING PERSO	N, EXECUTOR, ADMINISTRATOR OR N	IEXT OF KIN	I DETAILS				
Notifying Persons Name:*		Relations	ship to the Deceased?				
Executor:		Executor/Administrator/Next of Kin					
Administrator:		Name:					
Next of Kin:		Address:					
		.					
		Tel no:	Tel No. For Use Only in Relation to This Notification				
Is the Executor/Administra	ator/Next of Kin an existing Bank of Ireland	d customer?	Yes No				
If yes, please supply a Ba	nk of Ireland Account number:* s of proof of ID and address.						
3) SOLICITORS DETAI	LS						
Confirm whether a Solicitor appointed to act in the act of the Estate?*			e will correspond directly with Solicitors Address:*				
Firm of Solicitors:*							
Solicitors Name:							
Solicitors Tel No.:							
4) ADDITIONAL INFORMOTES: If there is any additional outline below:		ich should be	e communicated to the Bereavement Support Unit, please				

Bereavement Notification Form FOR USE TO NOTIFY THE BANK OF A DECEASED CUSTOMER



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PLEASE TICK THE BOXES BELOW TO LET US KNOW WHICH DOCUMENTATION YOU HAVE ATTACHED:

	Tick here		Funeral Director expenses	Other funera related expenses (e.g. florist, catering)	Settlement (estate under £10,000)	Settlement (estate above £10,000)		
Certified copy of Death Certificate			~	~	~	~		
Certified extract of Will naming Executor(s) (or a letter naming the next of kin if there is no will)				~	~			
If you are not a Bank of Ireland customer a certified copy of Proof of Identity and Address			v	~	v	~		
Funeral Director Invoices			~					
Our Payment Authorisation form for Funeral Director Invoices			~					
Our Indemnity form for other funeral-related Invoices				~				
Certified copy of Grant of Probate / Letters of Administration						~		
Our Indemnity on Payment of Monies from Deceased Customer's Account form					~			
Our Payment Authorisation form for Executors / Administrators					~	~		
Please do not send original documentation. We are happy to accept certified copies of documentation. There may be circumstances where we request additional documentation. Notifying Persons Signature DMM MYYYY Send to: BOI BEREAVEMENT SUPPORT UNIT, PO BOX 365, DUBLIN 18, IRELAND								
6) FOR MANDATORY COMPLETION AT BRANCH – <u>INTERNAL USE ONLY</u> Print name								
Notifying Branch Name:*			Branch Contac	ct Name:*				
Staff Signature:			Staff No.:*					
Are the Executors/Administrators/ Next of Kin existing BOI customers?* Yes If yes, please supply a Bank of Ireland Account number		Mandatory Safekeeping Check Is Safekeeping still held for the deceased?* If Safekeeping held insert receipt No.						
If no, have certified copies of Yes ID&V been submitted to BSU?*	No 🗌							

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