# **Bereavement Notification Form**

FOR USE TO NOTIFY THE BANK OF A DECEASED CUSTOMER





## 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.

#### 1. Deceased Customer Details

* = mandatory field		
Customer Name*		
Also Known As		
Address*		
Alternative or		
Previous Address		
Date of Death*	Date of Birth*	
Main A/C Number*	Additional Acco	
	ield a Bank of Ireland UK Credit card please call 0345 309 8099 or Credit Card Services, RRD Leicester, PO Box 10782, Wigston, LE18 9HS	
Please Note: Bank of Ire	reland is not liable for any extra expenses incurred by the	e Estate resulting from accounts not being notified to us.
Did the Deceased Custor	omer make a Will?* Yes 🔄 No 🔄 another i	est of your knowledge is there individual with the same name Yes No me or similar address?
2. Notifying Perso	on, Executor, Administrator or Next of Kin Deta	ils
Notifying Persons Name*	,× (	
Relationship to the Decea	eased Notif	fying Persons Tel no
Executor/Administ	trator/Next of Kin	
	nistrator Next of Kin	
Name		
Address*		
Tel no	Tel No. For Use	Only in Relation to This Notification
Is the Executor/Administr	trator/Next of Kin an existing Bank of Ireland customer?	Yes No
If yes, please supply a Ba	ank of Ireland Account number*	If no, send certified copies of proof of ID and address.

#### **3. Solicitors Details**

Confirm whether a Solicitor has been appointed to act in the administration of the Estate?\* **If Yes we will correspond directly with Solicitors** 

Firm of Solicitors*	
Solicitors Name	
Solicitors Address*	
Solicitors Tel no	
Solicitors Address*	

Yes

No

#### 4. Additional Information

**Notes:** If there is any additional information, relevant to this case which should be communicated to the UK Bereavement Unit, please outline below

### 5. Please tick the boxes below to let us know which documentation 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		✓	✓	$\checkmark$	$\checkmark$
Certified extract of Will naming Executor(s) (if there is a will)			✓	$\checkmark$	
If you are not a Bank of Ireland customer a certified copy of proof of identity and address		✓	✓	✓	$\checkmark$
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 / Certificate of Confirmation					$\checkmark$
Our Indemnity on Payment of Monies from Deceased Customer's Account form				$\checkmark$	
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

Sign here

Send to: Bank of Ireland UK Bereavement Unit, PO Box 2298, Belfast, BT1 9AP

## 6. For Mandatory Completion at Branch – INTERNAL USE ONLY

Notifying Branch Name*		]		
Staff Signature	Sign here			
Branch Contact Name*		]		
Staff No.*				
Are the Executors / Administrators / Next of Kin existing BOI customers?* Yes No				
If yes, please supply a Bank of Ireland Account number*				
If no, have certified copies of proof of ID and address been submitted to UK BU?* Yes No				
Mandatory Safekeeping Check				
Is Safekeeping still held for the	deceased?* Yes No			
If Safekeeping held insert rece	pt no.			

