

## Bereavement Instruction Form

### Completing this form

This form must be completed when you are notifying us of the death of a customer by post or in person and you wish to close the deceased's account (s).

If you have any questions when completing the form, you can call us on 020 7397 8884 or you can write to us: Retail and Account Service, ICBC (London) plc, 81 King William Street, London EC4N 7BG.

Please fill in the form in BLOCK CAPITALS and return the original form to us either by post or in person to the above address together with originals or certified copies of the death certificate and proof of your identification (e.g. a valid passport or an unexpired UK/EEA photocard driving licence).

### PART 1 – Details of the deceased customer

#### Title

Mr  Mrs  Ms  Miss

Other

First name (s)

Surname

Date of birth (DD MM YYYY)

Date of death (DD MM YYYY)

Address

Postcode

### PART 2 – Customer representative details

#### First customer representative

Are you an existing ICBC (London) plc customer? Yes  No

Mr  Mrs  Ms  Miss

Other

First name (s)

Middle name(s)

Surname

Date of birth (DD MM YYYY)

Permanent residential address

Postcode

Telephone number

Email address

#### Second customer representative (If applicable)

Are you an existing ICBC (London) plc customer? Yes  No

Mr  Mrs  Ms  Miss

Other

First name (s)

Middle name(s)

Surname

Date of birth (DD MM YYYY)

Permanent residential address

Postcode

Telephone number

Email address

If there are more than 2 customer representatives, please add further details on another Bereavement Instructions Form.

### PART 3 – Solicitors details (if applicable)

If the customer representative(s) have appointed solicitors to act on behalf of the estate, please enter their contact details here.

Name of firm

Contact name

Address

Telephone Number

  
  

Postcode

### PART 4 – Closure indemnity or probate

**This section must be completed and signed by the customer representative if the total amount invested in banking, (excluding joint holdings) is less than £2,000.**

To act as a customer representative, you must do so in one of the following capacities. Please tick one of the boxes below to confirm the capacity in which you (or if more than one customer representative, all of you) will be acting to comply or will comply (as the case may be) with the stated requirements:

(A) **Probate is required**

- Where Grant of Probate or Letters of Administration (Certificate of Confirmation in Scotland) is required. **Please note: this will be required in all cases where the account balances are more than £2,000 in total.**

(B) **Probate is not required**

- By signing this form below, you are confirming that you are entitled to act as a customer representative on behalf of the estate. **Please note: You only need to sign below if the account balances are £2,000 or less in total.**

Balances can only be (i) paid on closure of accounts to the customer representatives signing below in this Section 4 to the person or persons named in section 7 below.

On behalf of the Estate of the Late (Deceased customer's full name)

#### Payment release

I authorise you to close all ICBC (London) plc accounts of the above named deceased.

#### Warranties supporting the indemnity

By signing below, I confirm or agree to the following:

- I am/we are the deceased's customer representative(s).
- I am entitled, either solely or with others, to the balance(s) in the late customer's account(s) with ICBC (London) plc
- Where any other beneficiaries are entitled to a share of these funds

I confirm I have their consent to give instructions on behalf of the deceased customer's estate.

#### Personal indemnity

I give this indemnity in my capacity as customer representative(s) acting on behalf of the above named deceased. I will be responsible for any losses and/or costs which ICBC (London) plc may incur as a result of (i) acting on my instructions in relation to any payment or transfer of monies; or (ii) another person being entitled to a share of any monies paid or transferred. I agree to reimburse ICBC (London) plc for any losses or costs incurred.

First Customer representative details

Full Name

Signature

Date (DD MM YYYY)

Second Customer representative details (If applicable)

Full Name

Signature

Date (DD MM YYYY)

**PART 5 - Details of account(s) the deceased held with ICBC (London) plc**

Banking accounts held in the sole name of the deceased

	Sort code	Account number	Tick to close
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**PART 6 – Payment instructions**

A) Cash withdrawal limited to £250

B) Transfer to existing ICBC (London) plc bank account

Account Name (of the customer representative)

Sort Code

Account Number

C) Transfer to external account

Name of bank/building society

Account Name (of the customer representative)

Sort Code

Account Number

BANK USE ONLY		
Customer Number:		
Retail Clerk/Officer (print name)	Signature	Date
Supervisor Name (print name)	Signature	Date
Head of Retail and Account Service (print name)	Signature	Date