



Notification of Death – Request to close account(s)

Please complete the form using BLOCK CAPITALS as this will help us process your request correctly.

ACCOUNT HOLDER'S DETAILS

Title	Mr		Mrs		Miss		Ms		Other											
Forename(s)																				
Surname																				
Formerly residing at																				
										Postcode										
Please specify the account number, including sort code, of any Secure Trust Bank account held by the deceased																				
Sort Code (if there is one)			-			-			Account number											

PERSONAL REPRESENTATIVE(S) DETAILS

1															
Title	Mr		Mrs		Miss		Ms		Other						
Forename(s)															
Surname															
Date of Birth	D		D		M		M		Y		Y		Y		Y
Address (if you have resided here for less than 3 years, please provide your previous address)															
										Postcode					
Telephone Number															

2															
Title	Mr		Mrs		Miss		Ms		Other						
Forename(s)															
Surname															
Date of Birth	D		D		M		M		Y		Y		Y		Y
Address (if you have resided here for less than 3 years, please provide your previous address)															
										Postcode					
Telephone Number															



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3										
Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Date of Birth	D		D		M		M		Y	
Address (if you have resided here for less than 3 years, please provide your previous address)										
								Postcode		
Telephone Number										

4										
Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Date of Birth	D		D		M		M		Y	
Address (if you have resided here for less than 3 years, please provide your previous address)										
								Postcode		
Telephone Number										

SOLICITOR DETAILS – please only fill in this section if you are a solicitor or firm acting as an executor on behalf of the deceased

Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Name of Firm or Solicitor										
Address										
								Postcode		
Telephone Number					Solicitors Regulation Authority ID					



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ADDITIONAL INFORMATION

Please mark **X** in the appropriate box(es) to indicate what documents are available to enable the death to be registered.

Death Certificate	<input type="checkbox"/>	Will	<input type="checkbox"/>	Grant of Probate	<input type="checkbox"/>	Letters of Administration	<input type="checkbox"/>	Other	<input type="checkbox"/>
Description of "other" documents									
Please note: We will require sight of original documents or certified copies by a regulated professional person									
Is the Total Value of the Account(s) held with us worth more than £10,000?						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the answer to the question above is NO, please complete this form in full and arrange to have this countersigned by a Solicitor or the Commissioner for Oaths. If the answer is YES we will require sight of the Grant of Probate or Letters of Administration along with this completed form prior to releasing funds and closing the account.									

STATUTORY DECLARATION OF PERSONAL REPRESENTATIVE(S) & BENEFICIARY

Declaration and Signature
 I/We, the named Personal Representative(s), confirm and agree:

- I/We am/are legally entitled to administer the late customer's estate and, if there is anyone else entitled to administer the estate, I/we have their consent to close the account(s).
- To indemnify Secure Trust Bank against claims, legal proceedings, damages, expenses by reason of it acting in accordance with my instructions.

The closure funds should be transferred to the following account details:

Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number	<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"/>
Name of Bank	<input type="text"/>																
Name of Account Holder	<input type="text"/>																
Reference	<input type="text"/>																
These details MUST match those of the stated executor(s) or firm of solicitors acting on behalf of the Estate. Please note that cheques cannot be issued.																	

Signature of Personal Representative 1	<input type="text"/>								
Print name	<input type="text"/>								
Date	<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"/>

Signature of Personal Representative 2	<input type="text"/>								
Print name	<input type="text"/>								
Date	<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"/>



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Signature of Personal Representative 3								
Print name								
Date	D	D	M	M	Y	Y	Y	Y

Signature of Personal Representative 4								
Print name								
Date	D	D	M	M	Y	Y	Y	Y

TO BE COMPLETED BY A COMMISSIONER FOR OATHS/SOLICITOR WHERE THE TOTAL VALUE OF THE ACCOUNT(S) HELD WITH US IS LESS THAN £10,000.

(PLEASE NOTE THIS FORM WILL NOT BE ACCEPTED UNLESS THE DECLARATION BELOW HAS BEEN COMPLETED)

Declared at Property number		and or property						
Address								
							Postcode	
Name of Commissioner for Oaths/Solicitors								
Firm reference number								
Signature of Commissioner for Oaths/Solicitor							Official stamp	
Print name								
Date	D	D	M	M	Y	Y	Y	Y