

Bereavement – Registration Form

Important: Please complete this form IN BLACK INK using BLOCK CAPITALS. If you require any assistance in completing this form, please contact your local branch office (contact details available at www.swansea-bs.co.uk).

SWANSEA
BUILDING SOCIETY

Established 1923

www.swansea-bs.co.uk

What we need from you

- The original or official copy of the death certificate
- The name of the Personal Representative(s).

We need to know who we're writing to and who is entitled to the information.

Important information detailing the sections you will need to complete

- You will need to complete below sections of this form to allow us to register the death against the late customer's account(s)
- If the total balance of the account(s) is £20,000 or over (Net*) Grant of Probate needs to be obtained.
(*Net means after the cost of the funeral, Inheritance Tax and application fee for probate.)

| | | |
|-----------------------------|----------------|----------------------|
| For Society use only | Account Number | <input type="text"/> |
| For Society use only | Account Number | <input type="text"/> |

Details of the late customer

| | | | | | | | | | | | | | | | | | | | | |
|---------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|--|---------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|--|
| Title (Mr/Mrs/Etc.) | | | | | | | | | | | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Postcode | | | | | | | | |
| Date of Birth | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | Date of Death | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

First Personal Representative

| | | | | | | | | | | | | |
|--------------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|--|----------|
| Title (Mr/Mrs/Etc.) | | | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| | | | | | | | | | | | | Postcode |
| Relationship to Customer | | | | | | | | | | | | |
| Home Phone (+ Code) | | | | | | | | | | | | |
| Work Phone (+ Code) | | | | | | | | | | | | |
| Mobile Phone (+ Code) | | | | | | | | | | | | |
| email Address | | | | | | | | | | | | |
| 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"/> | | |
| Signature | | | | | | | | | | | | |

Second Personal Representative

| | | | | | | | | | | | | |
|--------------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|--|----------|
| Title (Mr/Mrs/Etc.) | | | | | | | | | | | | |
| Forename(s) in full | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| | | | | | | | | | | | | Postcode |
| Relationship to Customer | | | | | | | | | | | | |
| Home Phone (+ Code) | | | | | | | | | | | | |
| Work Phone (+ Code) | | | | | | | | | | | | |
| Mobile Phone (+ Code) | | | | | | | | | | | | |
| email Address | | | | | | | | | | | | |
| 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"/> | | |
| Signature | | | | | | | | | | | | |

If there are more than two Personal Representatives, please use another registration form to provide us with their details.