

Bereavement Notification Form



Permanent TSB plc trading as PTSB and PTSB Asset Finance is regulated by the Central Bank of Ireland.

Note: This form should be completed by the executor(s) of the Will. Where there is no Will, it should be completed by the person(s) acting for the Estate (the administrator or next of kin). If there are more than two administrators or next of kin, please nominate two who will act for the Estate. Please take time to fill out this form correctly and in full, in BLOCK CAPITALS. If you don't, we may have to return it to you which can cause a delay. If you need help, please call into any PTSB branch, call our dedicated helpline on 01 212 4077, 9am - 5pm, excluding weekends and bank holidays. Email BereavementServices@ptsb.ie or write to us at Bereavement Services, PTSB, 56-59 St Stephens Green, Dublin 2, D02 H489, Ireland.

Details of the Deceased Customer

Customer name:

Also known as:

(if applicable)

Date of birth: / /

Customer address:

Previous or alternative address:

Was the deceased the only person of this name who lived at the addresses above? Yes ☐ No ☐

Main personal account number:

Additional account number(s):

If any of the above accounts are Joint Accounts, was the deceased married / in a civil partnership to the joint account holder at Date of death? Yes ☐ No ☐

Credit card number:

Note: If the deceased was the principal credit card holder, all cards linked to their account(s) will be cancelled, including any held by authorised users.

Mortgage account number:

Life policy provider:

Life policy number:

Note: PTSB is not liable for any expenses incurred by the estate resulting from accounts not being notified to us.

Did the Customer make a Will? Yes ☐ No ☐

Date of death: / /

Notifying Person (executor, administrator, next of kin)

First notifying person's name:

Are you a PTSB customer? Yes ☐ No ☐

If so, can you please provide your account number:

Relationship to the deceased:

Second notifying person's name:

Relationship to the deceased:

Is there a funeral bill to be paid from a PTSB account held by the deceased customer? Yes ☐ No ☐

Are you a PTSB customer? Yes ☐ No ☐

If so, can you please provide your account number:

Preferred contact address:

(if you are an existing customer and provide a new preferred contact address we will need additional documents to verify your address)

Preferred contact phone number:

Note: We will send all future correspondence relating to this case to the preferred contact address shown above (once we have received proof of address), unless a solicitor has been appointed to deal with it.

Note: If you are not a PTSB customer, you must send us additional documents to verify your identity and address. We can only write to you at a verified address. We will keep your information only to deal with the account(s) of the deceased. For further information on how we record personal data, and your rights in relation to your data, please see our data protection notice at www.ptsb.ie

Note: Where a funeral bill is to be paid from a PTSB account held by the deceased customer, please complete and submit the Funeral Expenses Payment Authorisation Form to PTSB for review.

Solicitor Details

Note: If a solicitor has been appointed, we will need them to confirm in writing that they act for the Estate. We will then correspond with the appointed solicitor directly.

Has a solicitor been appointed? Yes ☐ No ☐

Solicitor Name:

Solicitor contact phone no.:

Solicitor firm name:

Solicitor address:

Additional Information

Document Requirements* Please tick the box beside each document that you are including. A cross [X] in the table below shows what we need the document for.

Required For:	Tick here	Funeral Directors Invoice / Funeral Related Expenses (including catering, headstone, etc.)	Settlement (Under €30,000)	Settlement (€30,000 or above)	Joint Deposit Account (Spouse, balance above €50,000)	Joint Deposit Account (non-Spouse, balance above €50,000)	Joint Current Accounts
Certified* copy of the Death Certificate / Interim Certificate of the Fact of Death	<input type="checkbox"/>	X	X	X	X	X	X
Certified* copy of Will, where there is one, naming Executor(s)	<input type="checkbox"/>		X	X			
Certified* copy of Proof of Identity and Address of all Executors or people acting in the Estate who are not PTSB customers	<input type="checkbox"/>		X	X			
Small Balance Claim Form	<input type="checkbox"/>		X				
Certified* copy of the Irish Grant of Probate	<input type="checkbox"/>			X			
Certified* copy of the State Marriage Certificate	<input type="checkbox"/>				X		
IT8 form from Revenue	<input type="checkbox"/>					X	

***Note:** Please do not send original documents. We are happy to accept certified copies of documents. Certified copies are copies of original documents that have been certified using the following wording: 'True certified copy of the original'. The person carrying out the certification must also add their signature, name, date, business stamp or full address, and contact details. Certified copies of documents are only acceptable if certified by one of the following: An Garda Síochána, police officer, practising chartered or certified public accountant, notary public, practising solicitor, doctor, staff of a regulated financial or credit institution, Justice of the Peace, Commissioner of Oaths.

Declaration and Undertakings

☐ Where there is a Will - by signing this I confirm that I have completed this document to the best of my knowledge.
OR

☐ Where there is no Will – by signing this form, I confirm that I have completed this document to the best of my knowledge. I also confirm that there is no Will and that I am acting on behalf of the Estate of the deceased person named above in this form.

First notifying person's signature:

Second notifying person's signature:

Date:

D

D

 /

M

M

 /

Y

Y

Y

Y

Please send to Bereavement Services, PTSB, 56-59 St Stephens Green, Dublin 2, D02 H489, Ireland.

Branch checklist – For internal use only

Branch sort code

Staff number

Staff name

Staff contact no./ extension

Staff email address

Deceased Customer CIF(s)

I confirm that I have identified the correct customer with the above CIF(s) and have investigated any 1900 DOB's or incorrect addresses

☐

Tick box

Note: If this is not confirmed the form may be sent back to the branch which may cause delays for the customer

Additional information

Please notify us of any additional information which may be of importance below: