

Small Balance Claim Form



This is an indemnity form that allows the executor, administrator or acting beneficiary to claim funds where certain conditions are met. See the list below for information on who should complete this form.

This form gives us a legal guarantee that you are entitled to receive the money from the Estate of the deceased person.

This form is an important legal document. You may wish to take independent legal and tax advice. Please read our booklet 'Dealing with Finances when there is Bereavement' before completing this form. You can get it in your local branch, or in the Bereavement section of our website (permanenttsb.ie) by typing 'bereavement' into the search bar and selecting the first option.

You should complete this form if:

1. The balance of the deceased person's account is below €30,000 on the date of their death, and
2. You are not applying for a Grant of Representation (that is, you are not taking out a Grant of Probate or Letters of Administration), and
3. The deceased person left a Will and you are the executor(s) named in the Will, or
4. The deceased person did not leave a Will and, in accordance with the Succession Act 1965, you (or you and others) are entitled to part or all of the funds held by their Estate. In this case, we ask that one or two of these beneficiaries are nominated to deal with the bank and fill in this form.

Please note: Where other people are entitled to a share of the funds in the Estate and there is no Will, they must all sign the section at the bottom of this form authorising payment to the nominated representative(s).

Details of the deceased person

Name	<input type="text"/>	Other names known as (if applicable):	<input type="text"/>
Address	<input type="text"/>	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"/>
Did the deceased person have any previous addresses? If so, please provide them.	<input type="text"/>	Date of Death	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Was the deceased the only person of this name who lived at the address above?	Yes <input type="checkbox"/> No <input type="checkbox"/>

What we need from you (if not already provided)

- A certified copy of the death certificate or a certified copy of the interim certificate of the fact of death.
- A certified copy of your proof of address and a certified copy of your proof of identity. We will not need these proofs if you are an existing customer of Permanent TSB and we hold up-to-date proof of your identity.

Your full name	<input type="text"/>	Full name of second representative where appropriate)	<input type="text"/>
Relationship to the deceased person		Relationship to the deceased person	
<input type="checkbox"/> Executor		<input type="checkbox"/> Executor/ Executrix	
<input type="checkbox"/> Spouse/Civil Partner		<input type="checkbox"/> Spouse/Civil Partner	
<input type="checkbox"/> Child		<input type="checkbox"/> Child	
<input type="checkbox"/> Parent		<input type="checkbox"/> Parent	
<input type="checkbox"/> Sibling		<input type="checkbox"/> Sibling	
<input type="checkbox"/> Other - Please Specify	<input type="text"/>	<input type="checkbox"/> Other - Please Specify	<input type="text"/>

Application, declaration and indemnity of the executor(s) or representative(s)



In the case where there is no Will, I/we declare that I am/we are the representative(s).

I/we confirm that I/we have the consent of all people entitled under the Succession Act 1965 to any part of the deceased's Estate to give instructions to Permanent TSB in relation to the deceased's account(s).

I/We confirm that we will not apply for a Grant of Representation (that is, a Grant of Probate or Letters of Administration).

I/We declare that the information given in this document is true and accurate to the best of my/our knowledge, information and belief.

We instruct and authorise Permanent TSB to close the account(s) of the deceased person and pay us the balance(s) held in credit in the account(s) without requiring a Grant of Representation.

In regard to such payment, we agree to indemnify (promise to compensate) Permanent TSB and its members of staff or agents against all or any demands, claims, losses, damages, expenses, costs or other liabilities which may result from our instructions to make such payment without having a Grant of Representation, or from relying on the information given in this form.

Signature of indemnifier (executor or representative)

Signature of indemnifier (executor or representative)

Signature of witness

Full name of witness:

Date:

/

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Who do we send the money to?

We authorise and request you to close the accounts held by the deceased. Please pay the balance and any accrued interest to the following account by draft or bank transfer as indicated:

Draft made payable to (nominated representative(s))

Or

Bank transfer (Permanent TSB will verify the payee account details by a recorded phone call).

Account Name:

BIC:

IBAN:

Where there is no Will:

We, the undersigned authorise and request you to close the accounts held by the deceased person. Please pay the balance and any accrued interest to the account shown above.

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