

Deceased Small Balance Claim Form (Combined customer account balances less than €30,000)



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

You should complete this form if:

1. The total credit balances of all combined accounts held by the deceased customer did not exceed €30,000 at the date of their death;
2. Nobody resident for tax purposes outside the Republic of Ireland will inherit money or assets of €20,000 or more; and
3. The deceased customer left a Will and you are all of the Executor(s) named in the Will and you have decided not to apply for a Grant of Representation (that is, you are not taking out a Grant of Probate or Letters of Administration); or
4. The deceased customer 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, you must all be the Next of Kin who are entitled to extract a Grant in the Estate of the deceased.

This is an important legal document. We strongly recommend that you obtain independent legal advice before signing this form. Please read our booklet 'Dealing with Finances when there is Bereavement' before completing this form. You can get it in your local branch, or on the Bereavement section of our website (www.ptsb.ie) by typing 'bereavement' into the search bar and selecting the first option.

Details of the deceased customer

| | | | |
|--|----------------------|---|---|
| Name: | <input type="text"/> | Other names known as (if applicable): | <input type="text"/> |
| Primary 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 customer have any previous addresses? If so, please provide them: | <input type="text"/> | Was the deceased the only person of this name who lived at the primary address? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Account numbers of any accounts associated with the deceased customer (if known): | <input type="text"/> | Did the deceased customer have a Will? | 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 PTSB and we hold up-to-date proof of your identity.
- A copy of the Will (if a Will was made).

Primary Representative

| | |
|-----------------|----------------------|
| Your full name: | <input type="text"/> |
| Contact Number: | <input type="text"/> |
| Contact e-mail: | <input type="text"/> |

Secondary Representative (if applicable)

| | |
|-----------------|----------------------|
| Your full name: | <input type="text"/> |
| Contact Number: | <input type="text"/> |
| Contact e-mail: | <input type="text"/> |

Relationship to the deceased person (tick as appropriate)

| | |
|---|----------------------|
| <input type="checkbox"/> Executor / Executrix | |
| <input type="checkbox"/> Next of Kin – please specify relationship (e.g. spouse, sibling, child etc.) | <input type="text"/> |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Relationship to the deceased person (tick as appropriate)

| | |
|---|----------------------|
| <input type="checkbox"/> Executor / Executrix | |
| <input type="checkbox"/> Next of Kin – please specify relationship (e.g. spouse, sibling, child etc.) | <input type="text"/> |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

Who do we send the money to?

You request and authorise the Bank to close the accounts held by the deceased. You request that the Bank pays the account balances and any accrued interest to the following account by draft or bank transfer as indicated (tick as appropriate):

Draft made payable to

Or (nominated representative(s) as above)

or

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

Account Name:

BIC:

IBAN:

Terms and Conditions

1. You declare that the information contained within this form is accurate, truthful and up to date.
2. You agree to indemnify (promise to compensate) and to keep indemnified Permanent TSB plc and its officers, employees and agents against any and all demands, claims, losses, damages, expenses, costs (including legal costs and expenses) or other liabilities which the Bank may incur and which arise from the Bank relying on your instructions to make any payment of any monies from any account of the deceased customer without having a Grant of Representation, or from the Bank relying on the information given in this form by you. You confirm that this indemnity is given by you in consideration of Permanent TSB plc obeying your instructions as contained within this form.
3. You instruct and authorise Permanent TSB plc to pay monies from any accounts of the deceased customer to the account set out above even though you do not have a Grant of Representation.
4. You confirm that you have decided not to apply for a Grant of Representation (that is, a Grant of Probate or Letters of Administration).
5. You acknowledge that the Bank is not obliged to follow your instructions (e.g. Permanent TSB plc may require the production of a Grant in advance).
6. You understand that all parties who sign this form are jointly and severally liable.
7. You acknowledge that the courts of Ireland will have full jurisdiction in relation to any matters arising from this form and that the form is to be construed in accordance with Irish law.
8. You consent to Permanent TSB plc using the personal data you provide in this form to allow the Bank to deal with the accounts of the deceased.
9. All parties who sign this form must supply certified* copies of their proof of address and proof of identity.

WARNING: YOU UNDERSTAND THAT BY SIGNING THIS FORM YOU ARE AGREEING TO COMPENSATE PTSB FOR ANY LOSSES SUFFERED BY THE BANK ARISING FROM THE BANK ACTING ON YOUR INSTRUCTIONS TO REMOVE MONIES FROM THE ACCOUNTS OF THE DECEASED IN THE ABSENCE OF A GRANT OF PROBATE OR LETTERS OF ADMINISTRATION. IT IS STRONGLY RECOMMENDED THAT YOU OBTAIN INDEPENDENT LEGAL ADVICE BEFORE YOU SIGN THIS FORM.

Signature of Executor / Personal Representative / Next of Kin

Signature of witness:

Signature of Executor / Personal Representative / Next of Kin

Full name of witness:

Date of Birth: / /

* A certified copy can be obtained by bringing the original and photocopy of the document to one of the following people: accountant, barrister, solicitor, bank or building society official, commissioner of oaths, notary public.