

# Bereavement notification form

## for use to notify the bank

### of a deceased customer



Please take time to fill this form out correctly and fully using BLOCK CAPITALS.  
If you don't we may need to return it to you and that will cause delay.

### 1 DECEASED CUSTOMER DETAILS

Customer Name:\*  Main personal account number:\*

Also known as:

Customer Address:\*   
  
 Additional personal accounts:

Previous Address:   
Alternative or   
 Credit card No:   
  
*All related credit cards will be cancelled including those held by additional card holder on the credit card account.*

*Please Note: Bank of Ireland is not liable for any extra expenses incurred by the Estate resulting from accounts not being notified to us.*

Date of Death:\*  /  /  Did the Deceased Customer make a Will?\* Yes  No

Date of Birth:\*  /  /  Did the deceased customer hold Safekeeping? Yes  No

If Safekeeping held; insert receipt No:

### 2 DECEASED CUSTOMER BUSINESS DETAILS

**NON PERSONAL DETAILS:** *e.g. Sole Trader / Partnership / Limited Company / Unincorporated Body etc.*

Did the deceased person hold any Business accounts? Yes  No  Entity type:

**Will business continue to trade (applicable to Sole Trader accounts only)** Yes  No  If yes has the business continuity form been completed in full and attached? Yes  No

**If the business is to continue trading, a fully completed business continuity form is mandatory for the account to remain unblocked for a further 10 business days\*. Please note if a business continuity form is not received, the sole trader business accounts will be blocked immediately\***

Business name 1:  Main Business account no:

Business name 2:  Additional accounts:

Business name 3:

Business name 4:

Business Address if different from above Customer Address:\*   
  
 Business Credit Card:   
  
*All related Visa Business credit cards will be cancelled including those held by additional card holder on the credit card account.*

### 3 NOTIFYING PERSON/ EXECUTOR(S) / ADMINISTRATOR(S) / PERSONAL REPRESENTATIVE(S) DETAILS

Preferred Contact Name  Preferred Contact Email Address

Preferred Contact Mobile No.  Preferred Contact Phone No.

Preferred Contact Address

Are the Executors/Next of Kin existing Bol customers?\* Yes  No

If yes, please supply an active Bol Account Number.

## 4 | SOLICITORS DETAILS

Confirm whether a Solicitor has been appointed Yes  No  If Yes we will correspond directly with Solicitors regarding the Estate to act in the administration of the Estate?\*

Solicitor Name	<input type="text"/>	Solicitor Firm Name	<input type="text"/>
Solicitor Phone No.	<input type="text"/>	Solicitor Email Address	<input type="text"/>
Solicitor Address	<input type="text"/>		

## 5 | ADDITIONAL INFORMATION

Notes: If there is any additional information, relevant to this case which should be communicated to the Bereavement Support Unit, please outline below:

  
  
  


## 6 | PLEASE TICK THE BOXES BELOW TO LET US KNOW WHICH DOCUMENTATION YOU HAVE ATTACHED:

\* To get a certified copy of a document, contact any of these: accountant, barrister, solicitor, bank or building society official, commissioner of oaths, notary public, justice of the peace, FSA-registered broker or introducer, or attorney-at-law.

	Tick here	REQUIRED FOR Funeral Director expenses	Other funeral related expenses (e.g. florist, catering)	Settlement (estate under €25,000)	Settlement (estate above €25,000)
Certified copy proof of death (e.g. death certificate/coroner's certificate/certificate of fact of death):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Certified extract of Will naming Executor(s)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Certified copy of Proof of Identity and Address	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Our Payment Authorisation form for Executors / Administrators	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Indemnity on payment of monies from deceased customer's account	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Certified copy of Grant of Probate / Letters of Administration	<input type="checkbox"/>				<input checked="" type="checkbox"/>
Single Payment Indemnity for Monies from a Deceased Customers Non Personal Account (Sole trader accounts only)	<input type="checkbox"/>				
Business Continuity Indemnity form (Sole trader accounts only)	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				

Please do not send original documentation. We are happy to accept certified copies of documentation.

**Notifying Persons Signature:**

Date:   /   /

Send to: BOI BEREAVEMENT SUPPORT UNIT, PO BOX 365, DUBLIN 18, IRELAND

## 7 | FOR MANDATORY COMPLETION AT BRANCH – INTERNAL USE ONLY

Notifying Branch Name:*	<input type="text"/>	Staff Contact Name:*	<input type="text"/>
Staff Number:	<input type="text"/>	PRINT NAME	
Staff Contact No. / Extension:*	<input type="text"/>	Is Safekeeping still held for the deceased?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If Safekeeping held insert receipt No:	<input type="text"/>