

Indemnity on payment of monies from deceased customer's account

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.

ABOUT THIS FORM

This form is used by executors or the next of kin of a deceased customer to ask us to allow money to be paid from the account of the deceased even though there is no Grant of Probate or Grant of Administration ("Grant"). The form can be used where you do not intend to take out a Grant because the total gross value of deceased person's estate in Ireland at date of death was less than €25,000. It can also be used to pay from the deceased person's account for expenses that relate to their funeral but which may not be funeral expenses under Succession Law.

You need to ensure you are the people who are entitled to complete this form. If the deceased customer left a will, you must be the executors named in it. If the deceased customer did not leave a will, you must be the next of kin who are entitled to take out a Grant. By signing this form you are declaring to us that you are. See Section 3 for more detail.

To anyone who is considering signing this form

We strongly recommend you obtain independent legal advice before you sign. You should also consider contacting the Probate Office (for contact details, see www.courts.ie).

Please read the Bank's information leaflet for the bereaved "Helping you to work through finances during bereavement" (available on line at www.bankofireland.com/bereavement-support and in any branch or phone 1800 800 656 to get a copy). The leaflet will help you understand some of the terminology used in this form.

WARNING: BY SIGNING THIS FORM YOU ARE AGREEING TO COMPENSATE THE BANK FROM YOUR OWN RESOURCES FOR ANY LOSS IT SUFFERS BECAUSE IT ALLOWS YOU TO TAKE MONEY FROM THE ACCOUNT OF THE DECEASED EVEN THOUGH YOU DO NOT HAVE A GRANT OF PROBATE OR ADMINISTRATION. BEFORE YOU SIGN THIS FORM YOU SHOULD GET INDEPENDENT LEGAL ADVICE. YOU SHOULD ALSO CONSIDER CONTACTING THE PROBATE OFFICE.

To: the Governor and Company of the Bank of Ireland ("the Bank")

Date: / /

1 | TYPE OF PAYMENT REQUESTED PLEASE TICK ONE OF THE BELOW OPTIONS

We are not seeking a Grant because the total value of the estate of the deceased customer in the Republic of Ireland is €25,000 or less (we declare that is true).

OR

We want to pay some costs related to the funeral that may not be allowed as funeral or testamentary expenses under Succession Law.

2 | THE DETAILS OF THE DECEASED CUSTOMER:

There is an account (or accounts) in the deceased customer's name with the Bank.

These are the details of the deceased customer:

The deceased customer's name:

The deceased customer's address:

The deceased customer died on: / /

Our GC Reference Number, if you have it:

Documents we also require from those completing this form:

- **Certified copy** proof of death (death certificate/coroner's certificate/certificate of fact of death) included: Yes No
- Did the deceased customer make a will? Yes No
 - If yes, **certified copy** extract of Will included Yes No
- For each person who signed this form: **certified copy** proof of identity (current passport, drivers licence from U.K. or Ireland) and proof of address (utility bill dated within last six months, current car/house/social insurance document, current original tax free allowance certificate, pension book)
Included: Yes No

Who can certify a copy document?

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.

3 | WHY YOU ARE ENTITLED TO COMPLETE THIS FORM

You are entitled to complete this form because (tick one box only):

- We are all the executors named in the deceased customer's will
- There is no will and we are all the next of kin entitled to take out a Grant under Succession Law
- There is no will and we are some of the next of kin entitled to take out a Grant under Succession Law; and all of the other next of kin who are entitled have permitted us to represent the estate of the deceased customer

4 | DECLARATION THAT WE ARE THOSE ENTITLED TO TAKE OUT A GRANT OR ALL THE NEXT OF KIN OF THE ESTATE

A IF THERE IS A WILL

If the deceased customer made a will, we declare:

1. The copy Will we provide to the Bank with this form is the only Will of the deceased customer (or, if not the only one, it is the last one).
2. There is no codicil to that Will (or, if there is a codicil, we enclose a certified copy of it).
3. We are all of the people named in that Will as executors (who are now alive).

B IF THERE IS NO WILL

If the deceased customer did not make a will, we declare:

1. The deceased customer made no Will.
2. We are or represent all of the next-of-kin of the deceased customer; and under Succession Law only we (and no-one else) are entitled to the entire of his or her estate.
3. We are or represent all of the people who are entitled under Succession Law to take out a Grant.

5 | AUTHORITY FOR PAYMENT

- a) We instruct and authorise the Bank to pay monies in the account(s) of the deceased customer to the account set out in the Appendix to this form **EVEN THOUGH** we do not have a Grant.
- b) If the Bank has already paid any sum from an account of the deceased customer at the request of any of us, we ratify each such payment.
- c) We acknowledge
 - (i) the Bank is not obliged to obey this instruction (for example, if the Bank require us to produce a Grant or to produce receipts or vouchers to explain why we want to pay money from the account of the deceased customer) and
 - (ii) the terms and conditions concerning each account of the deceased customer with the Bank remain in full force and effect (except to the extent Succession Law or this form provides otherwise).

6 | INDEMNITY

We agree to indemnify and keep indemnified the Bank and its officers, employees and agents, against any and all demands, claims, liabilities, losses, damages, costs and expenses (including legal costs and expenses) which the Bank and its officers, employees and agents may incur or be put to by reason of (a) the payment of any monies from the account of the deceased customer requested by us in this form; or (b) relying on the information given by us in this form; or (c) enforcing or attempting to enforce this indemnity. This indemnity is given in consideration of the Bank obeying our instruction given in this form.

7 | INFORMATION TRUE AND ACCURATE

We declare that all the information given by us in this form is true, accurate and up to date and we acknowledge the Bank is relying on it.

8 | JOINT AND SEVERAL LIABILITY

Where more than one person signs this form, the liability of each person under this form is joint and several.

9 | INTERPRETATION

In this form:

- (a) "Grant" includes a Grant of Probate or a Grant of Administration as appropriate.
- (b) The expressions "we", "us" and "our" includes a reference to each person who signs this form or some or all of them. (Where one person only signs this form, the expressions refer to that person alone).
- (c) "Succession Law" includes a reference to the Succession Act 1965 as amended.
- (d) "Will" includes Last Will and Testament and includes a reference to any testamentary disposition, for example a codicil.
- (e) Any expression in the plural is deemed to include a reference to the singular (for example, "we" can mean "I").
- (f) Where a clause gives an example of something, that is to assist those who use it and it does not limit the meaning of the clause.
- (g) Headings and the note "About this Form" on page 1 are for the convenience of those who use this form and do not form part of the agreement between you and us or affect the meaning of the clauses in this form.

10 | GOVERNING LAW

This form is governed and is to be construed by Irish law. The courts of Ireland have jurisdiction in any matter arising from it (and we submit to the jurisdiction of the Irish courts).

11 | EXECUTORS/ADMINISTRATORS DETAILS

Preferred Contact Name

Preferred Contact Email Address

Preferred Contact Mobile No.

Preferred Contact Phone No.

12 | SIGNATURES / ELECTRONIC SIGNATURES

Where I sign this form electronically I consent to the Bank using the form as signed electronically by me. This consent is given by me so that the law that allows for electronic signatures will apply fully to this form and so that the Bank can rely on it.

(EXECUTOR/ PERSONAL REPRESENTATIVE/NEXT OF KIN)

Name:

Address:

Signature:

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(EXECUTOR/ PERSONAL REPRESENTATIVE/NEXT OF KIN)

Name:

Address:

Signature:

APPENDIX 1 (PAYMENT INSTRUCTION FORM FOR TOTAL GROSS ESTATES OF €25,000 OR LESS (IN THE REP. OF IRELAND))

Please close the deceased customers account(s) and pay all of the money to the account we specify so we can administer the estate.

We declare the total value of the estate of the deceased customer in the Republic of Ireland is €25,000 or less.

BIC / SWIFT Code*

IBAN

Payee Name

Bank Name

Payee Address

Bank Address

If the payee account is a non European Union / International account we will also require:

Account Number: Sort Code:

Routing Number (if applicable):

*The BIC & IBAN can be found on the Bank Statement of the account you want us to pay to funds to.

APPENDIX 2 (PAYMENT INSTRUCTION FORM FOR FUNERAL RELATED EXPENSES)

Please pay the money below to the people or companies we specify so we can pay money owed to them.

We wish the Bank to transfer money from the account(s) of the deceased customer to pay expenses relating to the funeral that may not be treated as funeral and testamentary expenses under Succession Law.

NAME OF PERSON/COMPANY TO BE PAID (E.G. HOTEL, CATERING COMPANY):

Payee Name

Bank Name

Payee Address

Bank Address

Amount (€): BIC of the account of the person/company to be paid:

IBAN of the account of the person/company to be paid:

NAME OF PERSON/COMPANY TO BE PAID (E.G. HOTEL, CATERING COMPANY):

Payee Name

Bank Name

Payee Address

Bank Address

Amount (€): BIC of the account of the person/company to be paid:

IBAN of the account of the person/company to be paid:

NAME OF PERSON/COMPANY TO BE PAID (E.G. HOTEL, CATERING COMPANY):

Payee Name

Bank Name

Payee Address

Bank Address

Amount (€): BIC of the account of the person/company to be paid:

IBAN of the account of the person/company to be paid: