OSBIUK

Bereavement Instruction Form

This must be completed when you are notifying us of the death of a customer, and you wish to:

- close the deceased's account(s); or
- transfer the ownership of product into someone else's name. •

Once completed, you can post it to your nearest branch or visit any of our branches together with originals or certified copies of the death certificate and proof of your identification (e.g., a valid passport or driving licence). You can also provide us with the funeral invoice if you would like us to pay these costs from the deceased's account(s).

Ownership for joint accounts will transfer to the surviving joint account holder(s).

Details of deceased customer	
Title Mr Mrs Ms Miss Other	Date of birth (DD MM YYYY) Date of death (DD MM YYYY)
First Name (s)	Surname
Address	
	Postcode:
Accounts held under deceased name	
Account Number	Holding pattern
Customer representative details	
First customer representative	Second customer representative
$Mr \square Mrs \square Ms \square Miss \square$	$Mr \square Mrs \square Ms \square Miss \square$
Other	Other

First Name

Surname

Surname

First Name



Date Of Birth	Date Of Birth
Address	Address
Nationality	Nationality
Telephone number	Telephone number
Email address	Email address
Representing as	
NEXT OF KIN 🗖	EXUCUTOR D ADMINISTRATOR D
Signatures:	
Name:	
Office Use Only: Account Bal	ance:
Death certificate issuing authority	
UK International	English Translation Available
Death Certificate Received	Yes 🗆 Not applicable 🗆
Yes D No D	Is the copy certified by Solicitor/Accountant
Original 🛛 Copy 🗖	or a banker, Name and Signatures available
Account Ownership:	Is there a will
Sole Joint	Yes \Box (Take copy) No \Box
Probate Required:	Notes:
Yes 🗆 No 🗖	