

# Bereavement

## Request to close account(s)

This form will be scanned electronically, please help us to deal with your request correctly by writing inside the boxes in **BLOCK CAPITALS** and using black ink.

### Important information about what you will need to complete

Sections of this form may not be relevant to you, depending on the total balances held by the Society on behalf of the late customer. To help us process your request correctly please ensure that you complete the sections relevant to you.

**The total balance held is £5,000.00 or less and Grant of Probate has not been obtained.**

Complete **sections 1 and 2**, and the Personal Representative is required to complete and sign **section 3**.

**The total balance held is between £5,000.01 and £30,000.00 and Grant of Probate has not been obtained.**

Complete **sections 1 and 2**. The Personal Representative is required to complete and sign **section 4** and a Commissioner for Oaths/Solicitor must complete and sign **section 5**. This is a legal requirement.

**The total balance held is over £30,000.01 or Probate has been obtained for any amount.**

Complete **sections 1 and 2**. The Executor is required to complete and sign **section 6**.

### Section 1: Details of the late customer - Please complete in all cases

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Forename(s)					
Surname					
Residential Address					
Property Number	and/or Property Name				
Street					
Town					
Postcode					
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please detail an account held by the late customer. ALL accounts will be closed					
Roll Number 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Section 2: Personal Representative details - Please complete in all cases

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Forename(s)					
Surname					
Residential Address					
Property Number	and/or Property Name				
Street					
Town					
Postcode					
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Statutory Declarations of Personal Representative & Beneficiary

### Section 3: Declaration & Signature for closures under £5,000.00 (where Probate has not been obtained)

I, am the named Personal Representative and I confirm & agree;

- No Grant of Probate or Letters of Administration have been granted to the late customer's estate,
- I am legally entitled to administer the estate of the late customer, and in the instance that anyone else is entitled to administer the estate, I have their consent to close the account(s),
- To indemnify Harpenden Building Society against any loss, claim, damages or expenses which may arise as a consequence of them acting on my instructions.

Please mark ✓ in the appropriate box below,

The funds from the accounts should be transferred to the following Harpenden Building Society account.

Roll Number 1

-  -

**OR**

The closure cheque should be made payable to

**OR**

The funds should be transferred by Faster Payment to the below account

Bank

Account Name

Sort Code

Account Number

Ref/Roll Number

Signature of Personal Representative

DATE Please write INSIDE the box

PLEASE PRINT NAME

### Section 4: Declaration & Signature for closures between £5,000.01 and £30,000.00 (where Probate has not been obtained)

I, am the named Personal Representative and I sincerely declare that:

- No Grant of Probate or Letters of Administration have been granted to the late customer's estate,
- I am legally entitled to administer the estate of the late customer, and in the instance that anyone else is entitled to administer the estate, I have their consent to close the account(s),
- To indemnify Harpenden Building Society against any loss, claim, damages or expenses which may arise as a consequence of them acting on my instruction.

Please mark ✓ in the appropriate box below,

The funds from the accounts should be transferred to the following Harpenden Building Society account.

Roll Number 1

-  -

**OR**

The closure cheque should be made payable to

**OR**

The funds should be transferred by Faster Payment to the below account.

Bank	
Account Name	
Sort Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ref/Roll Number	

**If you have completed section 4 please make sure a Solicitor/Commissioner for Oaths completes section 5.**

I do solemnly and sincerely declare that I am the Personal Representative/Executor and am entitled to claim the balance of the late customer under the Building Societies Act 1986 Section 22.

Signature of Personal Representative	
DATE Please write INSIDE the box	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PLEASE PRINT NAME	

**Section 5: To be completed by a Solicitor or Commissioner for Oaths, if you have completed Section 4.**

Declared at

Property Number	and/or Property name
Town	
Postcode	

Before me

(Name of Solicitors/ Commissioner for Oaths	
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Signature of Solicitor/Commissioner for Oaths	
PLEASE PRINT NAME	
DATE Please write INSIDE the box	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OFFICIAL STAMP	

## Section 6: Signature for closures over £30,000.01 or where Probate has been obtained for any amount

We will require sight of an original Grant of Probate or Letters of Administration together with this form in order to close any accounts.

Please mark ✓ in the appropriate box below,

The funds from the accounts should be transferred to the following Harpenden Building Society account.

Roll Number 1

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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**OR**

The closure cheque should be made payable to

**OR**

The funds should be transferred by Faster Payment (if the balance is of £100,000.00 or below) or CHAPS (if the balance exceeds £100,000.00) to the below account.

Bank

Account Name

Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Ref/Roll Number

**For CHAPS only,** I authorise £11.00 to be deducted from the total balance in order to process this payment.

### Signature(s) of Executor or Administrator

1 Signature of Executor or Administrator

2 Signature of Executor or Administrator

PLEASE PRINT NAME

PLEASE PRINT NAME

3 Signature of Executor or Administrator

4 Signature of Executor or Administrator

PLEASE PRINT NAME

PLEASE PRINT NAME

DATE Please write INSIDE the box

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Scotland only – All Executors must sign**

## Documentation

Please tick if you require tax certificates for the accounts

## Internal use only

Date received	Date sent to MST	Staff initial
Date processed	Staff initial	

### Guidance for completing this form

Section	Details	✓
Section 1	This section will contain the details of the deceased customer, please note that only one account number needs to be provided in the specified box.	
Section 2	This section will contain the details of the person(s) acting as the Personal Representative/Executor	
Section 3	This section is for the indemnity to close total balances of up to £5,000.00; a method of closure must be clearly specified and this section must be signed by the Personal Representative/Executor	
Section 4	This section is for the indemnity to close total balances between £5,000.01 and £30,000.00; a method of closure must be specified and this section must be signed by the Personal Representative/Executor. If completed section 5 must also be completed.	
Section 5	This section must be signed and officially stamped by a Solicitor/Commissioner for Oaths after they have checked the contents of the form. This section must be completed in any case where the total balance is between £5,000.01 and £30,000.00 unless Grant of Probate or Letters of Confirmation/Administration have been applied for or obtained.	
Section 6	This section must be completed if an application for Grant of Probate or Letters of Administration has been obtained regardless of the balance. If Letters of Confirmation have been applied for we will require the signatures of all the executors in order to close the account(s) and release the funds.	

### Key

- **Executor** – A person or persons who have been named in a Will or Grant of Probate document and will be responsible for dealing with the affairs of a deceased person.
- **Personal Representative** – A person or persons who are representing the interests and affairs of the deceased.
- **Grant of Probate/Letters of Administration/Letters of Confirmation** – These are documents which will contain an official government seal which legally confirm that the person/persons named on the document are handling the interests and affairs of the deceased. In Scotland Letters of Administration will be referred to as Letters of Confirmation.

If you require any assistance completing this form, please contact our Savings Team on 01582 765411 or email them at [memberservices@harpendenbs.co.uk](mailto:memberservices@harpendenbs.co.uk).

**Once this form is completed please forward it to our Savings Team using the enclosed prepaid envelope or using our freepost address;**

Harpenden Building Society  
FREEPOST  
SB165  
Mardall House, 9-11 Vaughan Road,  
Harpenden  
Hertfordshire  
AL5 4HU

Contact us by post • phone • online • in branch  
**harpendenbs.co.uk**

**Harpenden**

52 High Street,  
Harpenden,  
Hertfordshire  
AL5 2SP

**Radlett**

341 Watling Street  
Radlett  
Hertfordshire  
WD7 7LB

**Leighton Buzzard**

22 Market Square  
Leighton Buzzard  
Bedfordshire  
LU7 1HE

Head Office: Mardall House, 9-11 Vaughan Road, Harpenden, Hertfordshire AL5 4HU  
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**Harpenden**  
Building Society

**Supporting our local communities to create a better future**

Harpenden Building Society is authorised for investments by Trustees and is a member of the Building Societies Association. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Firm reference number: 157260.