

# Bereavement notification form to notify the bank of a deceased customer



Please take time to complete this form as accurately as possible and using BLOCK CAPITALS  
\* mandatory fields which needs to be completed



## 1) DECEASED CUSTOMER DETAILS

Customer name:*	<input type="text"/>	Personal 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"/>
Also known as:	<input type="text"/>	Additional personal accounts:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Customer address:*	<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"/>
Previous or alternative address:	<input type="text"/> <input type="text"/> <input type="text"/>	Credit or debit card no's:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<b>Important information:</b> All related cards belonging to the deceased will be cancelled including those held by additional card holders on the credit card account.	
Is there another individual with the same name at the same or similar address as the deceased?		Yes	<input type="checkbox"/> No <input type="checkbox"/>
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 make a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of death:*	<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 hold safekeeping?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If known, insert a safekeeping receipt no. or account holding branch name: <input type="text"/>	

## 2) DECEASED CUSTOMER NON PERSONAL DETAILS

**NON PERSONAL DETAILS:** e.g. Sole Trader / Partnership / Limited Company / Unlimited Company

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:	<input type="text"/>	Business 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"/>
Business name 2:	<input type="text"/>	Additional business accounts:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Business name 3:	<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"/>
Business name 4:	<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"/>
Business address if different from above customer address:	<input type="text"/> <input type="text"/> <input type="text"/>	Business credit or debit card no's:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<b>Important information:</b> All related cards belonging to a sole trader business account will be cancelled including those held by additional card holders on the Visa Business credit card account.	

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

Notifier name:  Notifier email address:

Notifier mobile or contact no:

Notifier address:

What is your relationship to the deceased? (example executor; next of kin; spouse; child; parent etc.)

Are the executors or the next of kin an existing Bank of Ireland customer? Yes  No

If yes, please supply an active Bol account number:

If no, we will require certified copies of proof of identity and proof of address for each Executor / Next of Kin

## 4 ) SOLICITOR DETAILS

Confirm whether a solicitor has been appointed: Yes  No

**Where a solicitor is managing the estate of the deceased, we will write directly to the solicitor.**

Solicitor name:  Solicitor firm name:   
 Solicitor phone no:  Solicitor email address:   
 Solicitor address:

## 5 ) ADDITIONAL INFORMATION

Please outline any additional information you may wish to include in your notification:

  
  
  


## 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, FCA-registered broker or introducer, or attorney-at-law.	Tick here	For paying funeral director expenses from account(s) of the deceased	For paying other funeral expenses (example: florist, catering)	To close the account(s) and pay the balance (if the net value of the money held in Bank of Ireland is worth up to €35,000 at date of death)	To close the account(s) and pay the balance (if the net value of the money held in Bank of Ireland is worth more than €35,000 at date of death)
<b>Documents that you may need to provide</b>					
A certified copy of the death certificate / proof of death	<input type="checkbox"/>	✓	✓	✓	✓
A copy of the will naming the executors (if there was a will)	<input type="checkbox"/>		✓	✓	
A certified copy of proof of your identity and address (if you are not a Bank of Ireland customer)	<input type="checkbox"/>		✓	✓	✓
A certified copy of the Grant of Probate or Grant of Administration extracted in the Republic of Ireland, where the net value of the money held in Bank of Ireland is worth more than €35,000 at date of death	<input type="checkbox"/>				✓
Letter from joint account holder(s) where they are waiving their rights to the money in the joint account(s)	<input type="checkbox"/>			✓	✓
Original letter of clearance from Revenue Commissioners (form IT8)	<input 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"/>				
<b>Bank forms that you may need to complete</b>					
A filled-in 'Payment authorisation form for funeral director expenses' - BSU_1.1	<input type="checkbox"/>	✓			
A filled in 'Form you use to release money from the account of a deceased person to pay for expenses related to their funeral' - BSU_2.1	<input type="checkbox"/>		✓		
Form you use to release money from the account of a deceased person where the net value of the money held in Bank of Ireland is worth up to €35,000 at date of death' - BSU_3.1	<input type="checkbox"/>			✓	
A filled-in 'Payment authorisation form for executors/administrators' - BSU_4.1	<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:\*  Staff name:\*   
 PRINT NAME  
 Staff number:  Staff contact no. / extension:\*   
 Is safekeeping still held for the deceased? Yes  No  If safekeeping held insert receipt no: