

# Administration of Small Estates

Please complete this form using black ink and BLOCK CAPITALS and return it to us at the address shown to the right. This form should be completed in conjunction with reading our **privacy policy** ([www.aldermore.co.uk/legal/privacy-policy](http://www.aldermore.co.uk/legal/privacy-policy)). By completing and signing this form, you are confirming that you have read and accept it.

\*Delete as appropriate

Aldermore  
Freeport RSAZ-AXXH-LHAX  
PO Box 762  
WALLSEND  
NE28 5DH

t 0345 604 2678  
e [service@aldermoresavings.co.uk](mailto:service@aldermoresavings.co.uk)  
w [aldermore.co.uk](http://aldermore.co.uk)

## (1) Personal representatives

### Representative 1

Full name			
Date of birth		Address	
			Postcode
Previous address (if you have changed address in the last 3 months)			
			Postcode

### Representative 2

Full name			
Date of birth		Address	
			Postcode
Previous address (if you have changed address in the last 3 months)			
			Postcode

### Representative 3

Full name			
Date of birth		Address	
			Postcode
Previous address (if you have changed address in the last 3 months)			
			Postcode

### Representative 4

Full name			
Date of birth		Address	
			Postcode
Previous address (if you have changed address in the last 3 months)			
			Postcode

## (2) Declaration and signature(s)

\*I/We do hereby solemnly and sincerely declare:

That (full name of deceased)

Lately residing at

died on the (dd/mm/yyyy)

and that the certificate hereto annexed is a certificate of the death of the said deceased who was the

owner of Investment Account(s) number(s)

with Aldermore Bank PLC, which in total, did not exceed twenty thousand pounds (£20,000.00).

### A – Where a Will has been left:

That the said deceased left a Will dated (dd/mm/yyyy)  and either that under that Will I/we/am/are\* the person(s) beneficially entitled to receive the money which still stands in the name of the deceased with the Bank.

OR

I/we/am/are\* the personal representative(s) named in the said Will

and that

of

is/are\* the person(s) beneficially entitled to receive the money under that said Will.

### B – Where no Will has been left (only complete this section if A does not apply)

That the said deceased died without leaving a Will or Testamentary Paper of any description and I/we/am/are\* the next/the closest of kin to the deceased and under the law now in force in England and Wales/Scotland I/we/am/are\* the person(s) beneficially entitled to receive and administer the money which still stands in the name of the deceased with the Bank.

### Signature(s) (required for section A and section B):

I/We\* make this solemn declaration conscientiously believing the same to be true by virtue of the Provision of the Statutory Declarations Act 1835.

Signed

Signed

Signed

Signed

Date

## (3) In all cases, to be completed by the Commissioner for Oaths/Solicitor

Declaration by the above named

at  in the County of

this  day of  20

before me

Name and address of firm

I confirm that I have verified the identity of the personal representative(s) in line with Money Laundering Regulations and Aldermore Bank PLC can rely on this [please tick to confirm]

Signed

Print name

Position

Date

# Aldermore