

Personal Representative Registration

1. Deceased Customer details

Title: _____

Forenames: _____

Surname: _____

Home address: _____

Postcode: _____

Country: _____

Please specify the account number of any ONE account held by the deceased:

A/C No.: _____

2. Personal Representative details

Title: _____

Forenames: _____

Surname: _____

Home address: _____

Postcode: _____

Country: _____

Date of birth: _____

Telephone: _____

Mobile: _____

Email: _____

Name of Solicitor (if applicable): _____

Company address: _____

Postcode: _____

Please provide the original death certificate in order for us to update our records.

3. Information required

Please tick ONE box only to indicate which Form of Grant of Representation you have obtained or applied for here:

Grant of Probate

Letters of Administration

Letters of Confirmation (Scotland)

None of these

Please tick the appropriate box(es) to indicate if you will require release of funds from the deceased's account(s) to pay for any of the following:

Inheritance Tax

Funeral expenses

Not Applicable

If you require release of funds to cover an Inheritance Tax or Funeral expenses, please also complete the Personal Representative Request for Funds to Cover Costs form.

Signature of Personal Representative

Name _____

Date _____

If there is more than one Personal Representative, please provide the information on a duplicate sheet.

Please note all original documentation will be returned.

United, we go further

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