

Personal Representative's request for funds to cover fees



- This form will be scanned electronically; please write inside the boxes in BLOCK CAPITALS using black ink as this will help us to process your request faster
- You will need to complete a separate form for each cheque that you require

Deceased investor's details

Title Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Account number (including sort code if there is one) Sort code Account number

Personal Representative's details

Title (please mark X in the box that applies to you or state your title) Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Permanent residential address Property number and/or Property name

Street

Town Postcode

Contact telephone number Extension (if applicable)

Payment details

Amount £

Please mark X in one box only to indicate to whom the cheque should be made payable

HM Revenue & Customs (for the purpose of paying inheritance tax) HM Court Service (for the purpose of paying probate application fees) Funeral director (as detailed below)

If the cheque is for funeral expenses, please complete the company's name below and attach the original invoice

Solicitors details

If you require the cheque to be sent to your solicitor, please enter the solicitor's details below

Solicitor's name

Company address Property number and/or Property name

Street

Town Postcode

NB We cannot send payment directly to HM Revenue & Customs, HM Court Service or funeral directors

Indemnity and Signature - This section MUST be signed by the Personal Representative

As the personal representative of the above named deceased, I agree:

- to indemnify the Society in respect of any costs, claims proceedings or disputes which may arise as a result of payment being made without/prior to a grant of representation for the deceased's estate; and
- if grant of representation is being applied for, to produce the grant of representation to the Society as soon as practicable after it has been received.

Signature of Personal Representative

PLEASE SIGN WITHIN THIS BOX

Date (please write INSIDE the boxes)

Office use only

Original Invoice seen Amount verified Employee number Date EWM ref / CIS number