

Bereavement Notification Form



Note: This form should be completed by the executor(s) of the Will. Where there is no Will, it should be completed by the person(s) acting for the Estate (the administrator or next of kin). If there are more than two administrators or next of kin, please nominate two who will act for the Estate.

Please take time to fill out this form correctly and in full, in BLOCK CAPITALS. If you do not, we may have to return it to you. This can cause delay.

If you need help, please call into any Permanent TSB branch, call our dedicated helpline on 01 212 4077,

email BereavementServices@permanenttsb.ie or write to us at Bereavement Services, Permanent TSB, 56/59 St Stephens Green, Dublin 2.

Details of the deceased customer

Customer name	<input type="text"/>	Main personal account number	<input type="text"/>
Also known as (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	Additional account number(s)	<input type="text"/>
Customer address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous or alternative address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Was the deceased the only person of this name who lived at the addresses above?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit card number	<input type="text"/>
		<input type="text"/>	

Note: If the deceased was the principal credit card holder, all cards linked to their account(s) will be cancelled, including any held by authorised users.

Note: Permanent TSB is not liable for any expenses incurred by the estate resulting from accounts not being notified to us

Did the Customer make a Will?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of death	<input type="text"/>
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Notifying person (executor, administrator, next of kin)

First notifying persons name	<input type="text"/>	Preferred contact address	<input type="text"/>
Are you a PTSB customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, can you please provide your account number	<input type="text"/>	Preferred contact phone number	<input type="text"/>
<input type="text"/>	<input type="text"/>		
Relationship to the deceased	<input type="text"/>	Note: We will send all future correspondence relating to this case to the preferred contact address shown above (once we have received proof of address), unless a solicitor has been appointed to deal with it.	
Second notifying persons name	<input type="text"/>		
Relationship to the deceased	<input type="text"/>	Note: If you are not a Permanent TSB customer, you must send us additional documents to verify your identity and address. We can only write to you at a verified address. We will keep your information only to deal with the account(s) of the deceased. For further information on how we record personal data, and your rights in relation to your data, please see our data protection notice at www.permanenttsb.ie	
Are you a PTSB customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, can you please provide your account number	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

Solicitor Details

Note: If a solicitor has been appointed, we will need them to confirm in writing that they act for the Estate. We will then correspond with the appointed solicitor directly.

Has a Solicitor been appointed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Solicitor Firm Name	<input type="text"/>
Solicitor Name	<input type="text"/>	Solicitor Address	<input type="text"/>
Solicitor Contact Phone No.	<input type="text"/>		

Additional Information

Document requirements* Please tick the box beside each document that you are including. A cross [X] in the table below shows what we need the document for.

Required For:	Tick here	Funeral Director Expenses	Settlement (Under €30,000)	Settlement (€30,000 or above)	Joint Deposit Account (Spouse, balance above €50,000)	Joint Deposit Account (non-Spouse, balance above €50,000)
Certified* copy of the Death Certificate/Interim Certificate of the Fact of Death	<input type="checkbox"/>	X	X	X	X	X
Certified* copy of Will, where there is one, naming Executor(s).	<input type="checkbox"/>		X	X		
Certified* copy of Proof of Identity and Address of all Executors or people acting in the Estate who are not PTSB customers.	<input type="checkbox"/>		X	X		
Small Balance Claim Form	<input type="checkbox"/>		X			
Certified* copy of the Grant of Probate or Letters of Administration	<input type="checkbox"/>			X		
Certified copy of the State Marriage Certificate	<input type="checkbox"/>				X	
IT8 form from Revenue	<input type="checkbox"/>					X
Funeral Directors Invoice - Excluding Food/Headstone	<input type="checkbox"/>	X				

*Note: Please do not send original documents. We are happy to accept certified copies of documents. Certified copies are copies of original documents that have been certified using the following wording: 'True certified copy of the original'. The person carrying out the certification must also add their signature, name, date, business stamp or full address, and contact details. Certified copies of documents are only acceptable if certified by one of the following: An Garda Siochana, police officer, practising chartered or certified public accountant, notary public, practising solicitor, doctor, staff of a regulated financial or credit institution, Justice of the Peace, Commissioner of Oaths..

Declaration and undertakings

Where there is a Will - by signing this I confirm that I have completed this document to the best of my knowledge.

OR

Where there is no Will - By signing this form, I confirm that I have completed this document to the best of my knowledge. I also confirm that there is no Will and that I am acting on behalf of the Estate of the deceased person named above in this form.

First notifying persons signature

Second notifying persons signature

Date: / /

PLEASE SEND TO BEREAVEMENT SERVICES, PERMANENT TSB, 56/59 ST STEPHENS GREEN, DUBLIN 2

Branch checklist – For internal use only

Branch sort code Staff number
 Staff name Staff contact no./ extension
 Staff email address

Deceased Customer CIF(s)

I confirm that I have identified the correct customer with the above CIF(s) and have investigated any 1900 DOB's or incorrect addresses

Tick box

Note: If this is not confirmed the form may be sent back to the branch which may cause delays for the customer

Additional information

Please notify us of any additional information which may be of importance below: