



permanent tsb

Bereavement Notification Form

Note: This form should be completed by the Executor(s) of the Will. Where there is no Will this should be completed by the person(s) acting for the Estate (Administrator or Next of Kin). If there are more than two Executors, Administrators or Next of Kin please nominate two who will act for the Estate with Permanent TSB

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 which can cause delay.

If you require assistance you can call into any Permanent TSB Branch, call our dedicated OPEN24 Helpline on 01-212 4077 or write to us at 'Bereavement Services, Permanent TSB, 56/59 St Stephens Green, Dublin 2'

Deceased Customer Details

Customer Name	<input type="text"/>	Main Personal Account Number	<input type="text"/>
Also Known as	<input type="text"/>	<input type="text" value="SORT CODE"/>	<input type="text" value="ACCOUNT NUMBER"/>
Date of Birth	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>	<input type="text" value="SORT CODE"/>	<input type="text" value="ACCOUNT NUMBER"/>
Customer Address	<input type="text"/>	<input type="text" value="SORT CODE"/>	<input type="text" value="ACCOUNT NUMBER"/>
		<input type="text" value="SORT CODE"/>	<input type="text" value="ACCOUNT NUMBER"/>
		Credit Card Number <input type="text"/>	
		Note: If the Deceased is the Principal Credit Card holder, all related cards will be cancelled, including any held by Authorised Users	
		Mortgage Account Number	<input type="text"/>
		Life Policy Provider	<input type="text"/>
		Life Policy Number	<input type="text"/>

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 No Date of Death / /

Notifying Person (Executor, Administrator, Next of Kin) Details

First Notifying Persons Name	<input type="text"/>	Preferred Contact Address	<input type="text"/>
Relationship with Deceased	<input type="text"/>		
Second Notifying Persons Name	<input type="text"/>		
Relationship with Deceased	<input type="text"/>	Preferred Contact Phone No.	<input type="text"/>

Note: Permanent TSB will send all future correspondence relating to this case to the preferred contact address noted above

Note: We will retain your information only for the purposes of administering the account(s) of the Deceased. For further information on how Permanent TSB processes personal data, and your rights in relation to your data, please see our Data Protection Notice at www.permanenttsb.ie

Solicitor Details

Has a Solicitor been appointed? Yes No Solicitor Firm Name

Note: If a Solicitor has been appointed we will deal with them directly in the administration of the Estate

Solicitor Address

Solicitor Name

Solicitor Contact Phone No.

Additional Information





Document Requirements* Please tick beside the documents that you are including

Required For:	Tick here	Funeral Director Expenses	Settlement (Estate under €25,000)	Settlement (Estate €25,000 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, naming Executor(s) OR If there is no Will; written confirmation from the person(s) acting in the Estate	<input type="checkbox"/>		X	X		
Certified* copy of Proof of Identity and Address of all Executors or people acting in the Estate	<input type="checkbox"/>		X	X		
Application for Payment of 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 documentation. We are happy to accept certified copies of documents. Certified copies are copies of original documents that have been certified using wording such as "True Certified Copy of Original". The person carrying out the certification should also include their signature, date and name, business stamp or full address and contact details. Certified copies of documents are only acceptable if certified by one of the following: An Garda Síochána or a Police Officer, Practising Chartered and Certified Public Accountants, Notaries Public, Practising Solicitors, Embassy or Consular Staff, Regulated Financial or Credit Institution, Justice of the Peace, Commissioner of Oaths, Medical Professional.

Declaration and Undertakings

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:

