



Indemnity for Release of Balances from a Deceased Customer's Account(s)

(Balances less than €25,000)

Use this form where you are asking us to release money from a deceased customer's account(s) with a combined total balance of not more than €25,000 and a Grant of Representation is not being extracted. Where the combined total balance in the account(s) is more than €25,000 we will need a Grant of Representation.

Details of the person who has died

Name of the person who has died (the "Deceased")

Date of Birth / / Date of Death / /

Address

What we need from you

- The Death Certificate or Interim Death Certificate;
- A Will if there is one;
- Proof of ID for the Executor(s) / Representative(s). If you are not a customer of EBS we will also need to see two Proofs of Address dated within the last six months.

Instructions

We strongly recommend you contact your solicitor to obtain legal advice before completing this form.

To complete this form you must be acting in one of the following capacities:

1. The Deceased left a Will and you are the Executor(s) named in it (the "Executor(s)"); or
2. The Deceased did not leave a Will and you are entitled, either solely or with others under Succession Law to the entirety of the Deceased's estate and where there are other persons entitled to share in the proceeds of the estate of the Deceased you have the consent of all of them to represent them and act on their behalf (the "Representative(s)").

By signing this form you are declaring to us that you are the Executor(s) or the Representative(s).

Declaration and Details of the Executor(s)/Representative(s)

Choose the relevant option by ticking the box:

- i. **There is a Will** and I am /we are the **Executor(s)** named in the Deceased's Will
- ii. **There is no Will** and I am /we are the **Representative(s)**

	1st Executor/Representative	2nd Executor/Representative (if there is one)
Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
Are you a customer of EBS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Note: Where there are more than two Executor(s)/Representative(s), attach another form with their details.

Application, Declaration and Indemnity of the Executor(s)/Representative(s) for release of money from the account(s) of the Deceased

This section **must** be completed in the presence of a solicitor or EBS official.

In the case where there is no Will I/we declare that I/we are the Representative(s) and I/we confirm that I/we have the consent of all persons entitled under Succession Law to the entirety of the Deceased's estate to give instructions to EBS d.a.c. (the "Bank") in relation to the Deceased's account(s).

I/we the Executor(s)/ Representative(s), confirm that a Grant of Representation will not be extracted.

I/We the Executor(s)/Representative(s) declare that the information given in this document is true and correct to the best of my/our knowledge, information and belief.

I/We the Executor(s)/Representative(s) instruct and authorise the Bank to close the account(s) of the Deceased and pay the balance(s) standing to credit of the Deceased with the Bank, to me/us without my/our production of a Grant of Representation.

I/We the Executor(s)/Representative(s) acknowledge the Bank is not obliged to obey this instruction and may require a Grant of Representation.

In consideration of the Bank making such payment, I/we the Executor(s)/Representative(s) hereby agree to indemnify the Bank and its officials, officers, employees and agents against all or any demands, claims, losses, damages, expenses, costs or other liabilities which may be suffered by the Bank on account of it making such payment without my/our production of a Grant of Representation or relying on the information given to it by me/us in this form.

Payment Details

Note: the account must be in the name of the Executor / Representative or their solicitor.

I/we the Executor(s)/Representative(s) instruct the Bank to make payment to the following account

Payee Name

EBS account number (for internal payment)

WITNESS This form must be witnessed by a solicitor or EBS official.

EXECUTOR/REPRESENTATIVE NAME <input type="text"/>	WITNESS NAME <input type="text"/>
SIGNATURE <input type="text"/>	SIGNATURE <input type="text"/>
DATE Day / Month / Year <input type="text"/>	WITNESS BRAND AND DATE <input type="text"/>
EXECUTOR/REPRESENTATIVE NAME <input type="text"/>	WITNESS NAME <input type="text"/>
SIGNATURE <input type="text"/>	SIGNATURE <input type="text"/>
DATE Day / Month / Year <input type="text"/>	WITNESS BRAND AND DATE <input type="text"/>

FOR OFFICE STAFF

Confirm the Executor(s)/Representative(s) have been CAS approved with CIF

Confirm the Bank has a certified copy of the Death Certificate

Confirm the Bank has certified copy of the Will (where there is a Will)

Authorised EBS Official

Staff Number

Date



EBS d.a.c. is regulated by the Central Bank of Ireland