



# Request for Information on Account Balances

Please complete this form if you are the executor(s) or the intended administrator(s).

## Details of the person who has died

Name of the person who has died (the "Deceased")	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Date of Death	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

## Details of executor(s) or intended administrator(s)

I/We am/are entitled to manage the Deceased's estate because:

- I/We am/are the executor(s) named in the Deceased's Will Yes ☐ No ☐
- There is no Will, I/we am/are the intended administrator(s) and I/we require this information for the purpose of extracting a Grant of Letters of Administration Intestate Yes ☐ No ☐

	First Person	Second Person
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"/>
Where there is no Will state your relationship to the Deceased	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Are you a customer of EBS? (we ask this to help identify you)	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)/Intended administrators, attach another form with their details.

## Solicitors details, if one has been appointed

Solicitor's Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Phone Number	<input type="text"/>
Email	<input type="text"/>

## Release of Account Information

Please tell us what account information you need from us.

Document	Tick here	Why you may need it
Certificates of Balance	<input type="checkbox"/>	To show the account balance(s) on the date of death
Bank Statement from Date of Death	<input type="checkbox"/>	To show activity on the account since the date of death where required for Revenue or Social Welfare (please provide request)
Certificate of Interest	<input type="checkbox"/>	Where year-end accounts are required for Revenue (please provide request)

## Signature(s) and Confirmation

The information I/we have given in this form is true and correct. I/we am/are the executor(s) named in the Deceased's Will or the intended administrator(s).

NAME <input type="text"/> <input type="text"/>	SIGNATURE <input type="text"/>
DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

NAME <input type="text"/> <input type="text"/>	SIGNATURE <input type="text"/>
DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

If you have not already done so please provide a copy of the following documents certified by a solicitor or an EBS Official:

- The Will (if one exists)
- The Death Certificate or Interim Certificate of the Facts of Death
- Proof of ID for the Executor(s) / Intended Administrator(s):
  - o If you are our customer Photo ID is sufficient
  - o If you are not a customer of ours we will need one Photo ID and two Proofs of Address dated within the last six months



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