

# Bereavement form

## For Commercial Customers



To be completed in all cases.

Please write clearly in the white spaces with capital letters or cross the boxes.

### 1 Details of the account holder who has died

Business name

Title    Mr    Mrs    Miss    Ms    Other (please specify)

First name(s)

Surname

House number/name                      Postcode  
                                     

Date of death                                      Date notified  

D	D	M	M	Y	Y	D	D	M	M	Y	Y
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Sort code(s)                                      Account number(s)  


### 2 Details of the claimant

The Claimant is the person or representative who has authority to manage the affairs of the Deceased Party including administration of funds. This could be the next of kin, an executor, an administrator or a solicitor.

Title    Mr    Mrs    Miss    Ms    Other (please specify)

Your first name(s)

Your surname

Your telephone number and area dialling code

Your address (add professional company or firm's address if applicable)

Postcode

Your relationship to the deceased

I request you to pay the person(s)/firm detailed in Section 5 the whole of the deposits from the account(s) of the above customer.

**Personal claimants:**

You are required to be identified by the Bank before the release of funds. Please take this form with you and present your identification at your nearest Lloyds Bank branch e.g. passport, driving licence.

#### Declaration from the claimant

**I declare that** (cross one box only)

**Deceased left a will**

It is not intended to seek probate/confirmation and all executors named under the Will have signed in Section 4

and probate/confirmation has been/is to be obtained.  
 All executors named under the Will have signed in Section 4

**Deceased did not leave a will**

The only person(s) entitled to a share of the estate has (have) signed in Section 4

Letters of administration/confirmation have been obtained/are to be obtained.  
 All named parties have signed in Section 4

In return for the Bank agreeing to make the payments requested by me, I agree to indemnify and keep indemnified the Bank against all demands, claims, liabilities, losses, charges and expenses which they may incur as a result of making the payments.

I give this indemnity both in my personal capacity and as the claimant.

**Signature**

Date

### For bank use only

If the claimant is an existing Lloyds Bank customer have they been identified?

Yes  No

Name of staff member accepting ID

If **no** or the claimant is **not** a Lloyds Bank customer, identify the claimant and complete the following:

ID type and reference number

#### For sole traders

Please scan documents to Bereavement Unit using Branch Scanning.

## 3

### Data Privacy Notice

#### My personal data and Lloyds Banking Group

Your information will be held by Lloyds Bank which is part of the Lloyds Banking Group to enable us to manage the bereavement notification process. More information on the Group can be found at [www.lloydsbankinggroup.com](http://www.lloydsbankinggroup.com)

To understand how the personal information you give us will be used, we strongly advise that you read our Privacy Statement, which you can find at [www.lloydsbankinggroup.com/privacy/](http://www.lloydsbankinggroup.com/privacy/) or you can ask us for a copy. By signing this application you agree to your personal information being used in the ways we describe. Please contact us if you have any questions.

## 4

### Details of the deceased's next of kin/executor(s)/administrator

**Please note:** We may ask for a Grant of Probate or Letters of Administration prior to releasing funds.

As the deceased's legal representatives I/we authorise Lloyds Bank to deal with the claimant named in Section 2 on how the deceased's funds are to be distributed. I/we also authorise Lloyds Bank to provide notification of death to any other member of Lloyds Banking Group for administration purposes.

#### Your signature

Date

Full name

Relationship to the deceased

#### Your signature

Date

Full name

Relationship to the deceased

#### Your signature

Date

Full name

Relationship to the deceased

#### Your signature

Date

Full name

Relationship to the deceased

5

## Details of the person or firm receiving the funds (to be completed in all cases)

Other UK Bank



Name of account holder

Sort code

Account number

Reference number (if applicable)

By cheque



Name of payee

Special payment instructions



Please give details

6

## Branches to complete in all cases

Sort code of branch where form completed

Contact telephone number

Branch name

Completed by (name of staff member)

7

## Any other relevant information

## For bank use only

8

## Checklist

**Please note:** If the bank is named executor in the Will you must phone the Estates Administration Service on 0800 056 0171

## In all cases

ID for Representatives seen, copied and certified



Marketing material stopped



Suitable evidence of death seen, copied and certified



Debit/Electron/Cashpoint cards cancelled



Bereavement Guide and any relevant product guides provided to all representatives

My workspace customer notes updated  
(Update notes to confirm: date of death, name and address of the representative(s), details of any documents seen and action taken)List of regular payments reviewed and provided for the representative(s)  
(Please advise the representative(s) that important payments such as insurances will need to be maintained and they will need to contact the provider to arrange to make payment by other means)

POA or Mandate Variation cancelled (if applicable)

Regular payments cancelled in accordance with representatives instructions  
(Please ensure the representative(s) are aware that important payments such as insurances will need to be maintained and they will need to contact the provider to arrange to make payment by other means)Representative informed of next steps and expected timescales  
(If the case is to be handled by the Bereavement and Power of Attorney Unit, please advise the representative that they will make contact within 4 working days of receiving the case)

Funeral bill to be paid – invoices or receipts seen, copied and scanned



Lending held



All other relevant documentation scanned



Security held



Insurance held



## Sole trader

Transaction blocked



Marketing suppression done



## Partnership

Existing account closed



New account open



Keep existing account open



## Limited companies

Deceased name removed



Changes in securities done (if held)



For bank use only

9

SME Commercial Banking only

	Yes	No		Yes	No
Letter of condolence sent?	<input type="checkbox"/>	<input type="checkbox"/>	Is the deceased a Guarantor or provider of Security?	<input type="checkbox"/>	<input type="checkbox"/>
Account blocked/page 5 of Personal Details in PBS updated on deceased customer file (only for Sole Trader)	<input type="checkbox"/>	<input type="checkbox"/>	<b>If yes</b> please provide the Bereavement Unit with instructions if they can release funds and advise the Security Centre to release security		
BLRI on account (next of kin advised)?	<input type="checkbox"/>	<input type="checkbox"/>	Relationship Manager's name	<input type="text"/>	
CORI on account (next of kin advised)?	<input type="checkbox"/>	<input type="checkbox"/>	Contact telephone number (including area dialling code)	<input type="text"/>	
If this is a sole trader account, does the RM want to maintain control of the account and deal with the Estate?	<input type="checkbox"/>	<input type="checkbox"/>			