

Statutory declaration - Will attached

Instructions (only complete if a will has been left by the deceased):

- 1. This form should only be completed if the total balance, in all of the deceased's Coventry Building Society accounts at date of death, is below £20,000 and probate is not being obtained.
- 2. This form is for use by the executors of the will and must be completed by ALL executors.

If the Society has not already had sight of the original death certificate and a solicitor's certified copy of the will, these must accompany this declaration.

The Schedule	
The deceased	
Surname	Forename(s)
Address	
	Postcode
Sole account number(s)	
Balance(s) at date of death	
£	£ £
Date of death /	/ Date of will / /
Date of death /	(This box must be completed)
	(This box must be completed)
First executor	
Surname	Forename(s)
Address	
	Postcode
 The deceased named be obtained. This will is, to the best I am an executor named and the that I have provided. And advanced to me, I agree I make this declaration 	in the Schedule above executed a will and no grant of probate or confirmation (Scotland) will of my knowledge and belief, the last will of the deceased. Society has agreed to act upon the Withdrawal Mandate in good faith and in reliance on the information accordingly, if you or I become aware of any circumstances under which I am not entitled to receive funds see to return them in full. In conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations is must sign to agree to this).
Signature of executor	Date / /
Before me: Signature of solicitor, Justice of the Peace, commissioner for oaths.	Firm
Print name	Address
Branch/Agency Manager/I	Deputy



Second executor

Surname		Forename(s)			
Address					
			Postcode		
 The deceased named in be obtained. This will is, to the best I am an executor name I acknowledge that the that I have provided. As advanced to me, I agre I make this declaration 	olemnly and sincerely declare that: In the Schedule above executed a will and not of my knowledge and belief, the last will of ed to administer the estate under the will. Society has agreed to act upon the Withdrac cordingly, if you or I become aware of any content them in full. In conscientiously believing the same to be the must sign to agree to this).	the deceased. awal Mandate in goo circumstances under	d faith and in reliance r which I am not entit	e on the information led to receive funds	
Signature of executor		Date	/	/	
Before me: Signature of solicitor, Justice of the Peace, commissioner for oaths.		Firm			
Print name		Address			
Branch/Agency Manager/Deputy Third executor					
Surname		Forename(s)			
Address		· · · · · · · · · · · · · · · · · · ·			
			Postcode		
 I, the named executor, do solemnly and sincerely declare that: The deceased named in the Schedule above executed a will and no grant of probate or confirmation (Scotland) will be obtained. This will is, to the best of my knowledge and belief, the last will of the deceased. I am an executor named to administer the estate under the will. I acknowledge that the Society has agreed to act upon the Withdrawal Mandate in good faith and in reliance on the information that I have provided. Accordingly, if you or I become aware of any circumstances under which I am not entitled to receive funds advanced to me, I agree to return them in full. I make this declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835 (all executors must sign to agree to this). 					
Signature of executor		Date	/	/	
Before me: Signature of solicitor, Justice of the Peace, commissioner for oaths.		Firm			
Print name		Address			
Branch/Agency Manager/Deputy					

Withdrawal mandate

To be completed and signed by **all** executors where the funds are to be withdrawn or transferred from the account(s).

To close	or withdraw £ Please complete either section a), b) or c)			
a) by cheque payable to:				
Name				
Address				
	Postcode			
b) or, by transfer to Cove	entry Building Society account number:			
c) or, by electronic payment to:				
Name of bank/building society				
Bank sort code	Bank account number			
Reference	Name of account holder			
Signed: First executor				
Second executor				
Third executor				
For office use only - to be completed on receipt of the form Branch no Cashier no				
Signed: Branch/Agency Manager/Deputy (for all branch withdrawals)				