



Statutory declaration - Intestate

Instructions (only complete if no 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 £30,000 and letters of administration are not being obtained.
2. This form is for use by the beneficiaries of an estate if the deceased has died intestate and must be completed by ALL BENEFICIARIES.
3. **NB: All beneficiaries are responsible for ensuring that the Closure mandate set out on page 4 of this form has been completed correctly.**

If we have not already seen the original death certificate, this must accompany this declaration.

We collect and process the information on this form so that we can manage the probate process.

For more details on personal data privacy and retention, please view our Privacy Notice at

www.coventrybuildingsociety.co.uk/privacy, or ask us for a copy.

Contact name (in case of a query)	<input type="text"/>	Telephone number (in case of a query)	<input type="text"/>
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The schedule

The deceased

First name	<input type="text"/>	Middle name(s)	<input type="text"/>
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Surname	<input type="text"/>
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Address	<input type="text"/>
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Date of death	<input type="text"/>
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Sole account number	<input type="text"/>	Balance at date of death	£ <input type="text"/>
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Sole account number	<input type="text"/>	Balance at date of death	£ <input type="text"/>
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Sole account number	<input type="text"/>	Balance at date of death	£ <input type="text"/>
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Sole account number	<input type="text"/>	Balance at date of death	£ <input type="text"/>
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Sole account number	<input type="text"/>	Balance at date of death	£ <input type="text"/>
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First beneficiary

First name

Middle name(s)

Surname

Address

Telephone

Relationship to deceased

I, the named beneficiary, do solemnly and sincerely declare that:

- The deceased named in the Schedule above died intestate and no letters of administration or confirmation (Scotland) will be obtained.
- No letters of administration or confirmation (Scotland) have been granted to the deceased's estate.
- I am legally entitled, either solely or with others, to the balance in the deceased's account(s) with Coventry Building Society.
- I can confirm that the Closure mandate set out on page 4 of this form has been completed correctly and I acknowledge that the Society has agreed to act upon it in good faith and in reliance on the information provided. Accordingly, if I or the Society become aware of any circumstances under which the payee(s) is/are not entitled to receive funds, 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.

Signature of beneficiary

Date

Before me: signature of solicitor, Justice of the Peace, Commissioner for Oaths.

Print name

Firm

Address

Branch/Agency Manager/Deputy

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Second beneficiary

First name Middle name(s)

Surname

Address

Telephone

Relationship to deceased

I, the named beneficiary, do solemnly and sincerely declare that:

- The deceased named in the Schedule above died intestate and no letters of administration or confirmation (Scotland) will be obtained.
- No letters of administration or confirmation (Scotland) have been granted to the deceased's estate.
- I am legally entitled, either solely or with others, to the balance in the deceased's account(s) with Coventry Building Society.
- I can confirm that the Closure mandate set out on page 4 of this form has been completed correctly and I acknowledge that the Society has agreed to act upon it in good faith and in reliance on the information provided. Accordingly, if I or the Society become aware of any circumstances under which the payee(s) is/are not entitled to receive funds, 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.

Signature of beneficiary

Date

Before me: signature of solicitor, Justice of the Peace, Commissioner for Oaths.

Print name

Firm

Address

Branch/Agency Manager/Deputy

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Closure mandate

The instruction below is in accordance with the agreement of all beneficiaries. Please note, all accounts will be closed to the same destination. Please complete either section a, b or c.

a) cheque payable to:

Name	<input type="text"/>	To close	£ <input type="text"/>
Address (including postcode)	<input type="text"/>		

b) or, by transfer to Coventry Building Society account number:

Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To close	£ <input type="text"/>
Account name	<input type="text"/>		

c) or, by electronic payment to:

Bank/Building Society	<input type="text"/>	To close	£ <input type="text"/>
Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name of account holder	<input type="text"/>		
Reference	<input type="text"/>		

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)