ALPHA BANK

ACCOUNT CLOSING INDEMNITY

Where the Bank agrees to release the funds held in the account(s) of a deceased client to the Personal Representative(s) of the deceased, without needing sight of Grant of Probate or Grant of Letters of Administration, the Personal Representative(s) will need to complete and sign this indemnity for the funds to be released to their nominated account and close the account(s).

PART A - DETAILS OF DECEASED CLIENT

TITLE	
FIRST NAME	
SURNAME	
CLIENT NUMBER	
TIN, ID CARD OR PASSPORT DETAILS	

PART B – PAYMENT DETAILS - Please indicate preferred payment method by completing either section 1 or 2.

1. FASTER PAYMENT – UK

ACCOUNT NUMBER	SORT CODE	BENEFICIARY NAME

2. SWIFT – INTERNATIONAL PAYMENT

BIC	IBAN	BENEFICIARY NAME(S)

PART C – ACCOUNT CLOSING INDEMNITY

I/we are requesting you to pay me/us the balance of:

CURRENCY		**AMOUNT**	

from the deceased's account(s) (detailed in Part A of this form) without me/us needing to produce a Grant of Probate or a Grant of Letters of Administration.

I/We confirm that we are making this application as either the Executor(s) named in the deceased's last Will (with certified copy of the Will provided) or 'those entitled to apply for a grant of representation and entitled solely or with others to the account balance(s) [and have the authority of any others also entitled to receive the funds].

We are therefore signing in my/our capacity as Executor(s) named in the Will or person(s) entitled to apply for a grant of representation and in their personal capacity.

In return for you agreeing to this request I/we hereby agree at all times to indemnify you and keep you and your successors indemnified from and against all actions, costs, damages, claims and demands brought against you for having permitted the withdrawal. This indemnity applies regardless of who may claim against you:

NAME OF 1ST PERSONAL REPRESENTATIVE	
SIGNATURE	
TIN, ID CARD OR PASSPORT DETAILS	
DATE	

NAME OF 2ND PERSONAL REPRESENTATIVE	
SIGNATURE	
TIN, ID CARD OR PASSPORT DETAILS	
DATE	

Please fully complete, in black ink, all parts of the above form and complete the relevant declaration section(s). Incomplete applications cannot be accepted. Please see ABL website for details of ID requirements.

Please submit the fully completed form together with the following documents:

- ☐ Certified copy of Identification) of Personal Representative(s) (if applicable)
- ☐ Certified proof of address (dated within 3 month) of the Personal Representative(s) (if applicable)

Please see ABL website for acceptable documents and certification standards.

FOR OFFICE USE ONLY

All documents have been provided and meet the ABL requirements

Signature of authorising officer Date