

Indemnity Closure Form (Will)

Please complete this form if the account holder has died leaving a Will and you are appointed Executor/s to their estate. The total balance of all accounts held with the Society, in the sole name of the deceased, must be £30,000 or less. If the total balance exceeds £30,000 you need to provide a Grant of Probate instead of completing this form.

A – DETAILS OF THE DECEASED						
/	/					
	E DEC	E DECEASED				

C - NAME(S) AND ADDRESS(ES) OF EXECUTOR(S) COMPLETING AND SIGNING THIS FORM

Forename(s):		
Surname:		
Address:		
Postcode:		
Email:		
Relationship to the	deceased:	
Contact number:		

B – ACCOUNT NUMBERS

Forename(s):			
Surname:			
Address:			
Postcode:			
Email:			
Relationship to the	e deceased:		
Contact number:			

D – **DECLARATION**

I/We the person(s) named in Part C, solemnly and sincerely declare that:

1

I am / We are the appointed Executor(s) in the deceased's Will and there are no other appointed Executors OR I am one of / We are two of the Executor(s) appointed in the deceased's Will and the other Executor(s) are: (Delete as appropriate) Please provide the name(s), address(es), email address(es), contact number(s) of other Executors in the box below.

I/We will indemnify Nottingham Building Society in respect of any claim cost demand expense or liability incurred by Nottingham Building Society and arising from the closure of the account of the deceased detailed above and/or any payment of the funds held in the account based upon the information contained in this declaration and, where there is more than one executor making this declaration, we provide the indemnity on a joint and several basis.

And I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835.

E - SIGNED (EXECUTOR(S))

Signature

Date

/			

Signature:				
Date	/	/		

F - WHAT WOULD YOU LIKE TO DO WITH THE MONEY. PLEASE TICK THE RELEVANT BOX AND PROVIDE THE RELEVANT DETAILS

Open an account with The Nottingham	We will contact you to discuss this in more detail	
Transfer to an existing Nottingham account	Account number	
Closure by cheque	Made payable to	

G – DECLARATION FROM COMMISSIONER FOR OATHS / SOLICITOR EMPOWERED TO ADMINISTER OATH

Declared at:	Forename(s):
In County of:	Surname:
The day of: / /	Company name:
Signature:	Address (inc
	Postcode):

Guidance Notes for Completion

This information will guide you through the requirements for completing this form.

Complete all sections providing details of the deceased, the deceased's account(s) held with the Society, your details and those of any other Executor to the deceased's estate.

It's important the form is completed in full. If any of the sections are incomplete or completed incorrectly, we may have to return the form to you, which will delay the release of funds.

Please note we need the original or a certified copy of the Will with this form in order to proceed. However where the balance of the account(s) being claimed is/are £1000 or less a copy of the Will and a witnessed indemnity form is not required

SECTION B

Any monies in accounts held in joint names with the deceased will automatically be transferred to the name(s) of the surviving account holder(s).

Don't include details of such accounts on this form.

SECTION C

This section is for the details of the Executor(s) completing the form.

Not all eligible Executor(s) need to complete the form, provided that every other person eligible to complete the form is noted in section D.

We will require name identification for all executors who have signed this form. Details of the type of identification we require can be found on our website www.thenottingham.com/Bereavement

SECTION D

The relevant declaration should be completed (delete as appropriate) – where there is an eligible Executor who isn't signing the form, please list their name(s), address(s) email address and contact number(s) in the box provided.

We will not be able to take any instructions or release any information on the accounts held with us, from those named in section D unless they complete and sign an indemnity closure form and they provide us with full name identification.

SECTION E

Must be signed by all the Executor(s) name in section C

SECTION F

The monies will be sent to the first address detailed in section C to distribute.

SECTION G

Commissioner for Oaths or solicitor empowered to administer oaths must witness and sign the form where the balance, including accrued interest, is £1,000 or above (up to a maximum of £30,000) before returning it to us.

IMPORTANT NOTES

Legislation allows the Society to release the funds without probate.

This declaration has to be checked, completed and signed by a Commissioner for Oaths or Solicitor empowered to administer oaths as indicated on the form. This is a compulsory requirement and the Society will not release funds without this.

The final decision of whether or not to release the funds is entirely at the Society's discretion. Any request to release funds over £1,000 will not be considered unless section E is duly completed.

FURTHER ASSISTANCE

If you require any further assistance regarding completion of the relevant form or need any further information, please contact your local branch, or call 0344 4814444.

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