

Signature:

Indemnity Closure Form (No Will)

Please complete this form if the account holder has died without leaving a will (Intestate), you are the Next of Kin The total balance(s) of all accounts held with the Society, in the sole name of the deceased, £30,000 or less. **If the total balance exceeds £30,000 you need to provide Letters of Administration instead of completing this form.** You can only sign this form as Next of Kin, if there is no other Next of Kin who appear before you in the order of priority shown below:

B – ACCOUNT NUMBERS

1 Lawful husband/wife, 2 Lawful child/children, 3 Lawful grandchild/grandchildren, 4 Lawful father/mother, 5 Lawful brother/sister.

If there are other Next of Kin who appear before you, they will need to complete this form.

A - DETAILS OF T	HE DECEASED															
Forename(s):																
Surname:														i		
DOB:				1							+					
				L							<u> </u>					
C – NAME(S) AND	ADDRESS(ES) OF	NEXT OF KIN CO	MPLETING AND SIG	 GNING THI	S FOR	RM										
Forename(s):	, ,				renam											
Surname:						Surname:										
Address:					ddress:											
				1	-											
Postcode:					Postcode:											
Email: Relationship to the deceased: Contact number:					Email: Relationship to the deceased: Contact number:											
 I/We am/are the la I/We will indemnif detailed above and indemnity on a join 	y Nottingham Building Soc d/or any payment of the fu nt and several basis.	teased and to the best of ety in respect of any clair ands held in the account b	ut leaving a will. if my/our knowledge and be m cost demand expense or vased upon the information be true and by virtue of th	liability incurred contained in th	d by Not is declar	tingham E ation and	Building So where the	ciety and ere is more	arising fror	n the closu	ure of the a	account of	the decease	ed		
E – SIGNED (NEX	T OF KIN)															
Signature:				Sig	gnature	e:										
Date Of Birth:	1 1			Da	ate of I	Birth		/	/							
this is where on p Inheritance Tax	oroduction of the	appropriate evide	be split equally, a ence, the funds are	e required	for fu	neral e	expense	es or to	•				•	ion t		
														_		
				Fore	ename((s):										
Declared at:				Surr	name:									-		
In County of:					.amc.											
The day of:	/ /			Con	npany i	name:										
				Add	lress (ir	าด										

Postcode):

Guidance Notes for Completion

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

You can only sign this form as Next of Kin, if there is no other Next of Kin who appear before you in the order of priority shown:

1 Lawful husband/wife, 2 Lawful child/children, 3 Lawful grandchild/grandchildren, 4 Lawful father/mother 5 Lawful brother/sister.

If there are other Next of Kin who appear before you, they will need to complete 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 Next of Kin to the deceased's estate.

It is 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.

Where the balance of the account(s) being claimed is/are £1000 or less the indemnity form does not need to be witnessed.

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 Next of Kin(s) completing the form.

Not all eligible Next of Kin 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 Next of Kin 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 Next of Kin who isn't signing the form, please list their name(s), address(s) email address contact number(s) and relationship to the deceased 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 form and they provide us with full name identification.

SECTION E

All those named in section C should sign the declaration.

SECTION F

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

If the total amount of the account balances is a £1,000 or less, a solicitor/commissioner for oaths is not required to sign.

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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