

BEREAVEMENT ACCOUNT CLOSURE FORM

Please complete this form in BLOCK CAPITALS to close the account(s) of a Paragon customer who has passed away.

Returning this form and supporting documents

You can post this form and any supporting documents to: **FREEPOST: RTEX-LLUT-KKKE, Paragon, PO Box 850, Wallsend NE28 5BJ**. If you choose to post original documents, we recommend you use registered post. We'll return all original documents we receive back to you.

Or to get them to us quicker, you can email your documents to: savings@online.paragonbank.co.uk. Please ensure you send clear copies of all the pages you're attaching, including this form and your supporting documents.

Name of the deceased customer
Account No. of Account(s) to be closed

By completing this form, you are confirming that you are entitled to act as a personal representative for the deceased's estate. Please confirm in what capacity you are acting as a personal representative:

Executor(s) of a will
 Administrator(s) of the deceased's estate (where no valid will exists)

Other (please specify) _____

Grant of Probate

If the value of the deceased's total savings with Paragon Bank Plc is more than £20,000 then you will need to provide a Grant of Probate, Letter of Administration or Certificate of Confirmation to close any of the account(s).

Receiving the savings	
How would you like us to make the payment?	<input type="checkbox"/> Electronic transfer <input type="checkbox"/> Cheque
For ELECTRONIC TRANSFER, please provide details of the account the electronic payment is to be sent to	
Name of account holder	
Account number	Sort code
For CHEQUE, please provide details of who the cheque should be made payable to	
Payable to	

Additional support

We've also put together [a guide to bereavement](#) to help you choose your options on behalf of someone's account. This can be found in the [savings documents page](#) on our website.

If you require any information in a different format such as large print, braille or an audio version then please call us on **0800 052 2222** and we will be happy to help.

Declaration

Please read the declaration and sign below to confirm the closure of the above account(s). This should be signed by you, as well as any other personal representatives (where you are acting jointly) or, where there are no executor(s) or administrator(s), any person who is beneficially entitled to the funds.

I declare that:


- The information given on this form is complete and correct.
- I/We are legally entitled to administer the deceased's estate (in accordance with the terms of the Will or the laws of intestacy if no Will exists)
- I/We are entitled to apply for a Grant of Probate/Letters of Administration/Certificate of Confirmation to administer the deceased's estate in accordance with the laws of intestacy. (Please Note: If you are in any doubt at all as to whether you are entitled to apply for a Grant of Probate/Letters of Administration/Certificate of Confirmation, you should get independent legal advice from a solicitor or from a local Citizen's Advice Bureau).
- I/We authorise Paragon Bank Plc to use available credit balances in sole accounts held in the deceased's name, to set off any outstanding balances due for payment in sole accounts held in the deceased's name, so that it reduces or repays the amount owed.
- Where Paragon Bank Plc has agreed to release funds without Grant of Probate or Letters of Administration the following will also apply:
 - I/We guarantee and promise to indemnify and keep indemnified at all times Paragon Bank Plc from and against all actions, proceedings, costs, claims, expenses and demands whatsoever from or by any other person(s) which might arise as a result of making such a payment or transfer, including but not limited to, the settlement of any claims against Paragon Bank Plc arising from such payment or transfer.
 - Where this declaration is given by more than one of us each of us will be jointly and individually liable for it.
 - I/We are entitled, either solely or with others, to the balance(s) in the deceased's Account(s) with Paragon Bank PLC.
 - Where any other beneficiary(ies) is/are entitled to a share of these funds I/We confirm I/We have their consent to accept this agreement.

Signatures		Without these signatures we can't close any account(s)
Your Name		Date
Signature		
2nd Personal Representative (if applicable)		Date
Signature		
3rd Personal Representative (if applicable)		Date
Signature		
4th Personal Representative (if applicable)		Date
Signature		

PARAGON (FREEPOST) RTEX-LLUT-KKKE, PO BOX 850, WALLSEND NE28 5BJ

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 savings@online.paragonbank.co.uk

 www.paragonbank.co.uk

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We recommend you print and keep this information for your personal records or to refer to in the future.