Please complete this form to request the closure of account(s) if all 3 of the following apply:

Statutory Declaration Form

* You are **not** applying for Grant of Probate/ Certificate of Confirmation/ Letters of Administration;
* There is £30,000 or less held with Furness Building Society

 AND

• All beneficiaries are able to sign this form.

**Please note, this form should be witnessed by a Solicitor/Commissioner of Oaths/Justice of the Peace to confirm the information provided is accurate and that the person completing the form is a beneficiary of the estate. A copy of the accountholder’s Will is not required.**

**Name of deceased**

Account Number(s)

1.

2.

3.

4.

5.

6.

**By signing this declaration, you are confirming no Grant of Probate, Letters of Administration or Certificate of Confirmation is being applied for.**

1. **I/We do solemnly and sincerely declare that** (name of deceased)

 Title Forename(s) Surname

**of** (address)

|  |
| --- |
|  |
|  |

**Passed away on** (date DD/MM/YYYY) / /

1. **Please tick the relevant box below**

At the date of death, the deceased had £5,000 or less invested with Furness Building Society

At the date of death, the deceased had between £5,000 and £30,000 invested with Furness Building Society

1. **Please tick to confirm you have read and understood**

I am/we are the only person(s) entitled to the money currently held by Furness Building Society



****Identification must be provided by all beneficiaries if this has not yet been provided.

**Beneficiaries**

Current Address

Date of birth

(DD/MM/YYYY)

Title

Forename

Forename

**First**

/

Date of birth

(DD/MM/YYYY)

/

Surname

Current Address

Title

**Second**

/

(DD/MM/YYYY)

Date of birth

/

Surname

Current Address

Postcode

Postcode

Title

Forename

Forename

**Third**

/

Date of birth

(DD/MM/YYYY)

/

Surname

Current Address

Title

**Fourth**

/

/

Surname

Postcode

Postcode

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

 Signature(s) of all beneficiaries

Solicitor/Commissioner of Oaths/Justice of the Peace.

Please place Solicitor Firm stamp in this space where applicable.

Declared at

In the county of

On this day / /

Before me