

Statutory Declaration Form



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

- 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.

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)

 / /

2) 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

3) Please tick the relevant box below

- The deceased did not leave a will and I am/we are the only person(s) entitled to the money currently held by Furness Building Society
- The deceased left a will and I am/we are the only person(s) entitled to the money currently held by Furness Building Society

Beneficiaries



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

First	Second
Title <input type="text"/> Forename <input type="text"/>	Title <input type="text"/> Forename <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Current Address <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Current Address <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Third	Fourth
Title <input type="text"/> Forename <input type="text"/>	Title <input type="text"/> Forename <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Current Address <input type="text"/> <input type="text"/> Postcode <input type="text"/>	Current Address <input type="text"/> <input type="text"/> Postcode <input type="text"/>
Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth (DD/MM/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Solicitor/Commissioner of Oaths/Justice of the Peace.

Please place Solicitor Firm stamp in this space where applicable.

Signature(s) of all beneficiaries

Declared at

In the county of

On this day / /

Before me

