



# Indemnity for Release of Balances from a Deceased Customer's Account(s)

(Balances less than €25,000.00)

Use this form where you are asking us to release money from a deceased customer's account(s) with a combined total balance of not more than €25,000 and a Grant of Representation is not being extracted. Where the combined total balance in the account(s) is more than €25,000 we will need a Grant of Representation.

## Details of the person who has died

Name of the person who has died (the "Deceased")

Date of Birth  /  /  Date of Death  /  /

Address

## What we need from you

- The Death Certificate or Interim Death Certificate;
- A Will if there is one;
- Proof of ID for the Executor(s) / Representative(s) (See the AIB Bereavement Guide for details).

## Instructions

**We strongly recommend you contact your solicitor to obtain legal advice before completing this form.**

To complete this form you must be acting in one of the following capacities:

1. The Deceased left a Will and you are the Executor(s) named in it (the "Executor(s)"; or
2. The Deceased did not leave a Will and you are entitled, either solely or with others under Succession Law to the entirety of the Deceased's estate and where there are other persons entitled to share in the proceeds of the estate of the Deceased you have the consent of all of them to represent them and act on their behalf (the "Representative(s)").

By signing this form you are declaring to us that you are the Executor(s) or the Representative(s).

## Declaration and Details of the Executor(s)/Representative(s)

Choose the relevant option by ticking the box:

- i. **There is a Will** and I am /we are the **Executor(s)** named in the Deceased's Will
- ii. **There is no Will** and I am/we are the **Representative(s)**

	1st Executor/Representative	2nd Executor/Representative (if there is one)
Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>
Are you a customer of AIB?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Note: Where there are more than two Executor(s)/Representative(s), attach another form with their details.**

## Application, Declaration and Indemnity of the Executor(s)/Representatives

This section **must** be completed in the presence of a solicitor or AIB bank official.

In the case where there is no Will I /we declare that I/we are the Representative(s) and I/we confirm that I/we have the consent of all persons entitled under Succession Law to the entirety of the Deceased's estate to give instructions to the Bank in relation to the Deceased's account(s).

I/we the Executor(s)/ Representative(s), confirm that a Grant of Representation will not be extracted.

I/We the Executor(s)/Representative(s) declare that the information given in this document is true and correct to the best of my/our knowledge, information and belief.

I/We the Executor(s)/Representative(s) instruct and authorise Allied Irish Banks, p.l.c. (the "Bank") to close the account(s) of the Deceased and pay the balance(s) standing to credit of the Deceased with the Bank, to me/us without my/our production of a Grant of Representation.

I/We the Executor(s)/Representative(s) acknowledge the Bank is not obliged to obey this instruction and may require a Grant of Representation.

In consideration of the Bank making such payment, I/we the Executor(s)/Representative(s) hereby agree to indemnify the Bank and its officials, officers, employees and agents against all or any demands, claims, losses, damages, expenses, costs or other liabilities which may be suffered by the Bank on account of it making such payment without my/our production of a Grant of Representation or relying on the information given to it by me/us in this form.

### Who do we send the money to?

**Note: the account must be in the name of the Executor/ Representative or their solicitor.**

I/we the Executor(s)/Representative(s) instruct the Bank to make payment to the following account

Payee Name

**For an Irish / EU account**

IBAN

**For non-EU/International account**

Full address of Payee

Account Number

Country

Bank's Name

Bank's Address

SWIFT/BIC

**WITNESS This form must be witnessed by a solicitor or AIB bank official.**

EXECUTOR/REPRESENTATIVE NAME	WITNESS NAME
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SIGNATURE

DATE Day  / Month  / Year

SIGNATURE

WITNESS BRAND AND DATE

EXECUTOR/REPRESENTATIVE NAME	WITNESS NAME
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SIGNATURE

DATE Day  / Month  / Year

SIGNATURE

WITNESS BRAND AND DATE

### FOR INTERNAL USE

Confirm the Executor(s)/Representative(s) have been CJA approved with folio number

Confirm the Bank has a certified copy of the Death Certificate

Confirm the Bank has certified copy of the Will (where there is a Will)

Authorised Official

Staff Number

Date  /  /