



Request for Information on Account Balances

Please complete this form if you are the executor(s) or the intended administrator(s).

Details of the person who has died

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

Date of Birth / / Date of Death / /

Address

Details of executor(s) or intended administrator(s)

I/We am/are entitled to manage the Deceased's estate because:

- I/We am/are the executor(s) named in the Deceased's Will Yes No
- There is no Will, I/we am/are the intended administrator(s) and I/we require this information for the purpose of extracting a Grant of Letters of Administration Intestate Yes No

| | First Person | Second Person |
|--|--|--|
| 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"/> |
| Where there is no Will state your relationship to the Deceased | <input type="text"/> | <input type="text"/> |
| Address | <input type="text"/> | <input type="text"/> |
| Are you a customer of AIB? (we ask this to help identify you) | 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)/Intended administrators, attach another form with their details.

Solicitors details, if one has been appointed

Solicitor's Name

Address

Phone Number

Email

Release of Account Information

Please tell us what account information you need from us.

| Document | Tick here | Why you may need it |
|-----------------------------------|--------------------------|---|
| Certificates of Balance | <input type="checkbox"/> | To show the account balance(s) on the date of death |
| Bank Statement from Date of Death | <input type="checkbox"/> | To show activity on the account since the date of death where required for Revenue or Social Welfare (please provide request) |
| Certificate of Interest | <input type="checkbox"/> | Where year-end accounts are required for Revenue (please provide request) |

Signature(s) and Confirmation

The information I/we have given in this form is true and correct. I/we am/are the executor(s) named in the Deceased's Will or the intended administrator(s).

| | |
|--|----------------------|
| NAME | SIGNATURE |
| <input type="text"/> | <input type="text"/> |
| DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |
| NAME | SIGNATURE |
| <input type="text"/> | <input type="text"/> |
| DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | |

If you have not already done so please provide a copy of the following documents certified by a solicitor or an AIB Bank Official:

- The Will (if one exists)
- The Death Certificate or Interim Certificate of the Facts of Death
- Proof of ID for the Executor(s) / Intended Administrator(s):
 - If you are our customer Photo ID is sufficient
 - If you are not a customer of ours we will need Photo ID and Proof of Address dated in the last six months (See the Bereavement Guide for details)



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