

Statutory Declaration of Beneficiary – Small Claims Form

FOR USE WHEN THE TOTAL BALANCE OF THE ACCOUNT(S) IS LESS THAN £15,000

Instructions:

- 1. This form should be completed in full by the beneficiary or the executor of the deceased member
- 2. Please delete as applicable all fields marked with an asterisk (*)
- 3. For balance over £100 this form must be signed in the presence of a Commissioner for Oaths or Solicitor and verified with their official stamp

DECEASED MEMBER'S DE	ETAILS		
Chorley Building Society Account No(s)			
Total Account Balances			
Members Full Name		Formally residing at	
Date of Death			
			Postcode
BENEFICIARY OR EXECUT	TOR DETAILS		
Beneficiary/Executor 1		Beneficiary/Executor 2	
Full Name		Full Name	
Residing at		Residing at	
	Postcode		Postcode
Relationship to deceased		Relationship to deceased	
Home telephone number		Home telephone number	
Mobile		Mobile	
Email address		Email address	
Beneficiary/Executor 3		Beneficiary/Executor 4	
Full Name		Full Name	
Residing at		Residing at	
	Postcode		Postcode
Relationship to deceased		Relationship to deceased	
Home telephone number		Home telephone number	
Mobile		Mobile	
Email address		Email address	

TO BE COMPLETED IF A WILL HAS BEEN LEFT BY THE DECEASED

I/We*, the named executor(s) do solemnly and sincerely declare that:

- a) The Estate for the deceased does not require Grant of Probate.
- b) I/We* am/are* the executor(s) named to administer the estate under the Will
- c) I am/We are* the only person(s) entitled to administer the instructions of the Deceased's above numbered account(s) with the Chorley Building Society and action the closure requests as stated by myself/ourselves/the Executor(s) named in the Will of the Deceased.
- d) I/We* confirm that the information in this form has been completed correctly and I/We acknowledge that the Society has agreed to act upon it in good faith and in reliance on the information provided. Accordingly, if I/We* or the Society become aware of any circumstances under which the payee(s) is/are* not entitled to receive the funds, I agree to return them in full.

e) I/We* make the solemn	declaration conscientiously believing the same to be	e true by virtue of the provisions o	f the Statutory Declarations Act 1835.
Signed (Executor 1)		Signed (Executor 2)	
Signed (Executor 3)		Signed (Executor 4)	
TO BE COMPLETED IF N	IO WILL WAS LEFT BY THE DECEASED		
I/We*, the named benef	iciary(ies), do solemnly and sincerely declar	e that:	
a) The deceased died with	out leaving a Will (intestate) and no Letters of Admin	istration have been granted to th	e estate.
b) I/We* are legally entitled payable to myself / ours	l, either solely or with others, to the balance in the de elves.	ceased's accounts with Chorley E	Building Society and the closure cheque should be be made
c) I/We* can confirm that t on the information provi agree to return them in f	ded. Accordingly, if I/We* or the Society become awa	ectly and I acknowledge that the are of any circumstances under v	Society has agreed to act upon it in good faith and in reliance hich the payee(s) is/are* not entitled to receive the funds, I
d) I/We* make this solemn	declaration conscientiously believing the same to b	e true by the virtue of the revision	s of the Statutory Declarations Act 1835.
Signed (Beneficiary 1)		Signed (Beneficiary 2)	
Signed (Beneficiary 3)		Signed (Beneficiary 4)	
TO BE COMPLETED IN A	ALL CASES BY COMMISSIONER FOR OATHS,	/SOLICITOR	
Name and address of Commissioner for Oaths/Solicitor			
	Postcode		
Telephone number			
Declared in the County of			
On the date			
Print Name			
Signature		Official stamp of Solicito or Commissioner of Oatl	
Position held			