

This form can be completed electronically then saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. If you need any help completing this form, please call us on 01257 235003 or visit your local branch.

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 balances over £500 this form must be signed in the presence of a Commissioner for Oaths or Solicitor and verified with their official stamp

DECEASED MEMBER'S DETAILS

Chorley Building Society
Account No(s)

Total Account Balances

Members Full Name

Formally residing at

Postcode

Date of Death

--	--	--	--	--	--	--	--

BENEFICIARY OR EXECUTOR DETAILS

Beneficiary/Executor 1

Full Name

Residing at

Postcode

Relationship to deceased

Home telephone number

Mobile

Email address

Beneficiary/Executor 2

Full Name

Residing at

Postcode

Relationship to deceased

Home telephone number

Mobile

Email address

Beneficiary/Executor 3

Full Name

Residing at

Postcode

Relationship to deceased

Home telephone number

Mobile

Email address

Beneficiary/Executor 4

Full Name

Residing at

Postcode

Relationship to deceased

Home telephone number

Mobile

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 true by virtue of the provisions of the Statutory Declarations Act 1835.

Signed (Executor 1)		Signed (Executor 2)	
Signed (Executor 3)		Signed (Executor 4)	

TO BE COMPLETED IF NO WILL WAS LEFT BY THE DECEASED

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

- a) The deceased died without leaving a Will (intestate) and no Letters of Administration have been granted to the estate.
- b) I/We* are legally entitled, either solely or with others, to the balance in the deceased's accounts with Chorley Building Society and the closure cheque should be made payable to myself / ourselves.
- c) I/We* can confirm that the information in this form has been completed correctly and I 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.
- d) I/We* make this solemn declaration conscientiously believing the same to be true by the virtue of the revisions of the Statutory Declarations Act 1835.

Signed (Beneficiary 1)		Signed (Beneficiary 2)	
Signed (Beneficiary 3)		Signed (Beneficiary 4)	

TO BE COMPLETED IN 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 Solicitor or Commissioner of Oath
Position held		

STATUTORY DECLARATION CHECKLIST

- Death certificate (if not already provided to the Society). This must be an original or certified copy.

☐
- Fully completed Statutory Declaration form signed by all named Executors/Beneficiaries.

☐
- Two forms of Identification for all named Executors or Beneficiaries. These must be original or certified copies, please refer to our Identification Criteria:
<https://www.chorleybs.co.uk/savings/identification-criteria>

☐
- If all Executors / Beneficiaries are not present at the time of the account closure then a letter detailing how the Estate is to be distributed must be enclosed and signed by all named Executors / Beneficiaries.

☐
- Fully completed and signed by the commissioner of Oaths / Solicitor for balances over £500.00

☐

Your Personal Information and what we do with it

We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. The information is available on our website www.chorleybs.co.uk/privacy