



COIGILTEAS  
STÁIT NA  
HÉIREANN

IRELAND  
STATE  
SAVINGS

## Deceased Claim Form for Deposit/Fixed Term Products

Please complete this form in BLOCK CAPITALS.

**NOTE** - The notes overleaf should be read before filling in this form. Any field containing\* is a mandatory field and must be completed.

### PANEL A | DETAILS OF THE DECEASED CUSTOMER - Please ensure all applicable fields are completed

First Name*	Middle Name	Surname*	PPS Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Death*	Date of Birth*	SSCN	Variations (e.g. First Name / Maiden Name)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Deceased*	Previous Address of Deceased, where applicable		
<input type="text"/>	<input type="text"/>		<input type="text"/>
Did the Deceased leave a will?*		Is it intended to obtain a Grant of Representation?*	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the Deceased survived by a spouse / civil partner?*			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

### PANEL B | CORRESPONDENT / SOLICITOR DETAILS - Please ensure all applicable fields are completed

Correspondent / Solicitor Name*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>
Address of Reply*	If Solicitor - Please State Clients Name*
<input type="text"/>	<input type="text"/>
	If Individual - Please State Relationship to Deceased*
	<input type="text"/>

### PANEL C | CLAIM & DECLARATION - To be completed by Personal Representative(s) / Surviving Joint Holder(s)

Please read important notes overleaf in relation to Maximum Holding Limits, Matured Holdings and Personal Representative.

**Joint Holdings:** Where Ireland State Savings is notified of the death of one of the holders of a jointly held Ireland State Savings product(s)/account(s), the holding(s) will be transferred to the name of the surviving joint holder(s).

**Sole Holdings:** Where Ireland State Savings is notified of the death of the sole holder of Ireland State Savings product(s)/account(s), the value of the holding(s) held in the sole name of the Deceased will be repaid to the Personal Representative(s).

Alternatively, in the case of Ireland State Savings products, the Personal Representative(s) may seek to transfer the ownership of the product(s) to the person(s) legally entitled to receive the benefit of the product(s). If a transfer is the preferred option, we will arrange for a Transfer Form to be sent out for completion. Please note, in order to effect a transfer to the person(s) legally entitled to receive the benefit of the product(s), that person(s) must be eligible to purchase/hold Ireland State Savings product(s), and must provide evidence of identity and other requested information, in each case in accordance with the General Terms and Conditions for Ireland State Savings products. Please note it is not possible to transfer Deposit Accounts (POSB) that were held solely by the Deceased.

If you wish to proceed with the Transfer option - Please tick this box ☐

Please read and complete the below declaration and indemnity:

I/We are the Personal Representative(s) of the Deceased, or I/we are acting in my/our capacity as surviving joint holder(s) and I/we are legally entitled to claim the proceeds of their Ireland State Savings product(s)/account(s).

For Personal Representative(s) only: In consideration of the payment to me/us of the proceeds of the Ireland State Savings product(s)/account(s) registered in the name of the Deceased, in my/our capacity as Personal Representative(s) of the Deceased's will, I/we undertake to comply with the terms of that will, and to pay the proceeds to the person(s) legally entitled thereto and to pay the lawful debts of the Deceased. Where no will was made by the Deceased, and I/we are acting Personal Representative(s) of the Deceased's estate then I/we undertake to distribute the balance of the proceeds remaining after payment of lawful debts incurred by the Deceased in accordance with the provisions of the Succession Act 1965 (as amended).

For Personal Representative(s) or surviving joint holder(s): I/we further agree to indemnify, keep indemnified and hold harmless the National Treasury Management Agency (NTMA) and An Post (in the case of Ireland State Savings products, in its capacity as the NTMA's agent) from and against all actions, proceedings, claims, charges, demands, liability, losses, damages, costs (including legal costs) and professional and other expenses of any nature whatsoever which may arise either in relation to the estate of the Deceased in respect of the Ireland State Savings product(s)/account(s) registered in the name of the Deceased or which may arise from the payment sought herein or any failure or neglect to comply with the terms of the declaration and undertaking made herein.

I/We declare that all information provided on this form is valid and true.

#### 1) Personal Representative / Surviving Joint Holder

Full Name*	<input type="text"/>
Address*	<input type="text"/>

Relationship to Deceased\* Spouse / Civil Partner ☐ Other

Signature\* X

#### 2) Personal Representative / Surviving Joint Holder

Full Name*	<input type="text"/>
Address*	<input type="text"/>

Relationship to Deceased\* Spouse / Civil Partner ☐ Other

Signature\* X

**IMPORTANT** - Where a repayment is processed for product(s)/account(s) held in the sole name of the Deceased, a cheque will be made payable to all entitled Personal Representative(s). In instances where you wish for the cheque to be payable to your solicitor, please ensure to complete Panel D on page 2.

**Witness:** The Personal Representative(s)/Surviving Joint Holder(s) must sign in the presence of an independent witness, who must be a Post Office Official, member of An Garda Síochána or a practising Solicitor/Commissioner of Oaths. Independent witness must sign and stamp witness panel below.

WITNESS Name*	<input type="text"/>
WITNESS Signature* X	<input type="text"/>
Date	<input type="text"/>
WITNESS Occupation*	<input type="text"/>

Important  
Witness Official  
Stamp\*

**PANEL D | SOLICITOR REPAYMENT INSTRUCTION - Option only available for holding(s) under sole ownership**

**IMPORTANT** – Please read the following note relating to Payee Details

Where a repayment is processed for product(s)/account(s) held in the sole name of the Deceased, a cheque will be made payable to all entitled Personal Representative(s). This cheque must be lodged into a bank account matching the payee details named on the cheque. Alternatively, if you wish for the cheque to be made payable to a solicitor client account, please provide details below. Please ensure that only a solicitor's client account is used for this transaction.

Declaration: I / We instruct Ireland State Savings to make cheque payable to  Solicitors.

Signatures of ALL entitled Personal Representative(s) are mandatory.

Personal Representative (1)	Date	Personal Representative (2)	Date
X <input type="text" value="Signature"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>	X <input type="text" value="Signature"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>

**PANEL E | LIST PRODUCT(S) / ACCOUNT(S) HELD IN THE NAME OF DECEASED CUSTOMER**

**IMPORTANT** – Completion of this panel is not mandatory in order to progress your claim.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list additional product(s) / account number(s) on separate sheet.

If the Deceased also held Prize Bonds, please indicate by placing an X in this box ☐

**CHECKLIST | PLEASE ENSURE THE FOLLOWING DOCUMENT(S) ARE ENCLOSED**

<b>Required for All Deceased Claims</b> Original / Certified* Copy of the Proof of Death e.g. Death / Coroners Certificate <input checked="" type="checkbox"/>	<b>Required for Claims where Deceased held Deposit Account (Post Office Savings Bank)</b> Original Deposit Account (Post Office Savings Bank) Book <input checked="" type="checkbox"/>	<b>Required for Claims where Deceased held Sole product(s)/account(s)</b> Original / Certified* Copy of Will, If Available <input checked="" type="checkbox"/>
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\*Certified Copy – an original document photocopied and certified that it is a true copy of the original. This can be certified by an An Post Official, a Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths.

**IMPORTANT** – If intended to obtain a Grant of Representative, this will need to be provided before payment can be finalised.

**IMPORTANT NOTES**
**Maximum Holding Limits**

Each issue of each Ireland State Savings product is subject to a limit on the maximum value of that product issue that may be held by a person as set out in the Specific Conditions relating to that product issue ("Maximum Holding Limit").

The transfer of an Ireland State Savings product to another party upon the death of the holder will not be subject to the Maximum Holding Limit for that product issue; however, please note that the inherited product will be included in the calculation of the holders Maximum Holding Limits for that Ireland State Savings product issue. If any inheritance brings the total product holdings in that issue over the Maximum Holding Limit, the holder(s) will not be allowed to make any additional purchases of that Ireland State Savings product issue, except where the purchase is made by way of investment by the holder(s) of proceeds on the maturity of other Ireland State Savings products.

**Matured Holdings**

Where an Ireland State Savings product held by the Deceased has matured, for the avoidance of doubt, no interest, bonus or other amount shall accrue in respect of that product after the date on which it has matured.

**Personal Representative**

"Personal Representative" means the person(s) responsible for administering the Deceased's estate. Where the Deceased has left a will and has named executor(s), the executor(s) will be the Personal Representative(s). Where the Deceased has not left a will, or has not named executor(s) in their will, the Personal Representative(s) will be the administrators of the Deceased's estate.

**PERSONAL DATA**

The National Treasury Management Agency is the data controller for all personal data processed in relation to Ireland State Savings. The NTMA will process your personal data, pursuant to its obligations as set out within the General Data Protection Regulation (EU 2016/679) and the Data Protection Acts 1988 -2018 and all other relevant Data Protection laws and regulations. Further information on how we process your personal data and a summary of your data protection rights is set out within our Data Protection Statement which is available at <https://www.statesavings.ie/help-support/help-articles/state-savings-data-protection-statement>. If you would prefer to obtain a hard copy of the Ireland State Savings Data Protection Statement you can also write to us to request a copy at Data Protection Officer, Ireland State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2.