COIGILTEAS STÁIT NA hÉIREANN | IRELAND STATE SAVINGS

Ref. No.

10015034

Deceased Claim Form for Prize Bonds

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*

PPSN/SSCN*

Date of Death* (DD MM YYYY)

Date of Birth* (DD MM YYYY)

Address of Deceased*

IMPORTANT - Any other former/variations of names or addresses should be noted on a separate page which should be included with this form.

Did the Deceased leave a will?* Yes ☐ No ☐

Was the Deceased survived by a spouse /civil partner?* Yes ☐ No ☐

Is it intended to obtain a Grant of Representation?* Yes ☐ No ☐

IMPORTANT - Ireland State Savings will conduct searches of its records based solely on the information provided with this request. You are required to provide all name variations, including any maiden or alternative names, all previous addresses and any other identifying information under which the Deceased may have held Ireland State Savings product(s)/account(s).

Ireland State Savings will not expand the search beyond the name(s), address(es) and other information supplied by you and cannot accept responsibility for identifying holdings that cannot reasonably be matched to the information provided.

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

Correspondent / Solicitor Name*

Correspondent Address*

Contact Telephone Number*

If Solicitor - Please State Client Name*

If Individual - Please State Relationship to Deceased *

PANEL C | CLAIM & DECLARATION - For completion by Personal Representative(s)/person(s) legally entitled to act/Surviving Joint Holder

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

Joint Holdings: Upon notification to Ireland State Savings of the death of one of the holders of a jointly held Prize Bond(s), the account will be updated to reflect the passing of the deceased holder, and the holding(s) will continue in the name of the surviving joint holder.

Sole Holdings: Where Ireland State Savings is notified of the death of the sole holder of Prize Bonds 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 Prize Bonds, the Personal Representative(s) may seek to transfer the ownership or reinvestment of the Prize Bond(s) to the person(s) legally entitled to receive the benefit of the product(s). If a transfer/reinvestment is the preferred option, we will arrange for an Alternative Claim Form to be sent out for completion. Please note, in order to effect a transfer/reinvestment to the person(s) legally entitled to receive the benefit of the product(s), that person(s) must be eligible to purchase/hold Prize Bonds, 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.

If you wish to proceed with the Alternative Claim 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 and/or 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/Grant of Representation, 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), persons legally entitled to the holding(s) held in the name of the Deceased, or surviving joint holder: I/we further agree to indemnify, keep indemnified and hold harmless the National Treasury Management Agency (NTMA) and Prize Bond Company (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 or which may arise from relying on my/our instructions or the information provided in or with this form.

In my/our capacity as Personal Representatives, I/We declare that I/We have the consent of all other persons entitled to the holding(s) held in the name of the Deceased to represent them and act on their behalf.

I/We declare that the Will enclosed with this form (if applicable) is the last Will and Testament of the Deceased, that no application has been made or is intended to be made for probate of any other Will or codicil, and that I/We will indemnify Ireland State Savings if it is later established that this is not the case.

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

1) Personal Representative / Surviving Joint Holder

Full Name*

Address*

Relationship to Deceased* Spouse / Civil Partner ☐ Other _____

Signature* X Signature

2) Personal Representative

Full Name*

Address*

Relationship to Deceased* Spouse / Civil Partner ☐ Other _____

Signature* X Signature

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

WITNESS Name*

WITNESS Signature* X Signature

Date* DD MM YYYY

WITNESS Occupation*

Important Witness Official Stamp*

For any further enquiries: **Call:** 0818 20 50 60 **Tel:** +353 1 705 7200

Mail this form to—Ireland State Savings, Prize Bonds, Fexco Centre, Killorglin, Co. Kerry, V93 WN9T

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

(a) By Crossed Cheque Made Payable To **Executor(s)/Next of Kin:** [X]

(b) By Credit to the bank account* of the **Executor(s)/Next of Kin/Client** Account: [X]

OFFICE USE ONLY

€ TOTAL REPAYMENT VALUE

Account Holders Name:

Bank Name and Address:

IBAN:

* We require a photocopy of a bank statement header dated within 12 months verifying the account holder(s) names and IBAN.

Note: Where Ireland State Savings is notified of the death of the sole holder of Ireland State Savings products(s)/account(s), the value of the sole holdings(s) will be repaid to the appropriate payee i.e. Next of Kin/Executor(s)/Client Account, via option a) or b) as chosen above.

1) Personal Representative

X Signature D D M M Y Y Y Y

2) Personal Representative

X Signature D D M M Y Y Y Y

3) Personal Representative

X Signature D D M M Y Y Y Y

4) Personal Representative

X Signature D D M M Y Y Y Y

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

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

If the Deceased also held Fixed Term Products, please indicate by placing an X in this box [ ]

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

Deceased Claim Form for Prize Bonds [X]	Original/Certified* Copy of the Proof of Death e.g. Death Certificate/Coroners Certificate [X]	An original or certified copy of the Last Will and Testament if one exists [X]
Original or Certified copy of the Grant of Representation [X]	Bank Statement Header dated within 12 months verifying the account holder(s) name, address and IBAN [X]	An original or certified copy of Photo ID and Proof of Address** for Personal Representative(s)/ Person(s) Legally Entitled to Act [X]

*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.

**Photo ID and Proof of Address — In-date passport or driving licence and proof of address document (not older than 6 months) displaying the quoted address.

IMPORTANT - If intended to obtain a Grant of Representation, 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"). Transfers of Prize Bonds resulting from inherited holdings are allowed to exceed the maximum holding limit but all other purchases are subject to the maximum holding limit.

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.

Person(s) Legally Entitled to Holding(s)
For the purposes of this form, 'person(s) legally entitled to the holding(s) held in the name of the Deceased' includes those where the Deceased did not leave a Will and, in accordance with the Succession Act, 1965, the person(s) entitled to part or all of the funds held by their 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-protectionstatement. 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.