GNÍOMHAIREACHT BAINISTÍOCHTA AN CHISTEÁIN NÁISIÚNTA



Notification of Death	- for completion on the death of a State Savings customer
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			of a State Savings customer before completing this form).
Details of the Deceased	oustomer (i lease read the l	notes carefully	before completing this form).
Title First Name(s)	Middle Name	(if any)	Surname
Date of Death	Date of Birth	(if available)	Variations (e.g. First Name / Maiden Name)
Address of Deceased			Previous Address of Deceased (if applicable)
PANEL B Joint or Trust ty		/a) bald is inthe au i	a tour the second control of the Con
PANEL B Joint or Trust ty	pe accounts - list account numbel	r(s) neid jointly or i	n a trust type structure with the Deceased Customer - see note 2
			(If necessary, please continue overleaf)
		• 🗸	W
Relationship of Survivor(s) t	to the Deceased	Spouse	Other (enter an X in one box only)
PANEL C Sole account	ts - list account number(s) h	eld in the sole	name of the Deceased Customer - see note 3.
			(If necessary, please continue overleaf)
1 Did the Deceased leave a V	A/IIIO	V	
Did the Deceased leave a V	Vill? Yes	OR No 🛆	If Yes, please complete questions 2 & 4 below. If No, please complete questions 3 & 4 below.
2. Is it intended to obtain a Gr	rant of Probate? Yes	OR No	
O If the over to me NA/III to it into no			
3. If there is no Will, is it intend Letters of Administration?	Yes	OR No	
4. Did the Deceased make a r	nomination? Yes	OR No	If YES, include nomination number:
PANEL D Name and ad	ldress for reply.		
Title First Name(s)	Middle Name		Surname
Address for reply			Contact Telephone Number
PANEL E Signature - s	ee note 4.		
I/We, in my/our capacity as		,wish	to notify State Savings the death of the person named in Panel A.
, , , , ,			·
Signature 1		Signat	rure 2
The Death Certificate mi	ust be returned with this No	tification of Dea	ath. Date DDMMYYYY

APCO 0055E V01112021 Return to: State Savings, GPO, Freepost, Dublin 1, D01 F5P2

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Notification of Death - for completion on the death of a State Savings customer

NEL B (cont'd)	Joint or Trust typ	e accounts - list acco	unt number(s) he	ld jointly or in a	trust type structure	with the Deceased Cus	tomer - see note

PANEL C (cont'd) Sole accounts - list account number(s) held in the sole name of the Deceased Customer - see note 3.

If the Deceased also held Prize Bonds, please indicate by placing an \boldsymbol{X} in this box.

Yes

(A Prize Bond Claim Form will be issued separately)

IMPORTANT NOTES - To be read before filling out this form

- 1. General Information Please complete the form in BLOCK CAPITALS using black or blue ink. Where applicable, your instructions should be confirmed by placing an X in the preference box as follows: Please provide as much of the information as you can, any missing information may delay processing of the case. The completed Notification of Death form must be accompanied by the original Death Certificate or a copy certified* by a Postmaster, member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths. Original documents will be returned to you. Should you have any queries please contact us on 0818 20 5060 / 01 705 7200.
- *A certified copy is a photocopy of the original document which has been stamped and signed by a Postmaster, member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths to certify that it is a true copy of the original document which they have sighted. To help us process the case as quickly as possible, please ensure:
 - (i) You have provided all relevant information.
 - (ii) You have completed and signed the relevant panels.
 - (iii) You have forwarded the Death Certificate.
- 2. Panel B Joint or Trust type Account(s) Panel B should only be completed where the account(s) is/are registered in joint names with the deceased. Further documentation will need to be completed by the Survivor(s) named on account(s) registered in joint names with the deceased. The relevant forms will be issued by State Savings in due course.
- **3. Panel C Sole Account(s)** Panel C should only be completed where account(s) is/are registered in the sole name of the deceased. Further documentation will need to be completed by the Administrator(s) / Executor(s) / Nominee(s) / Next of Kin / Personal Representative(s) for account(s) registered in the sole name of the deceased. The relevant forms will be issued by State Savings, in due course.
- **4. Panel E** Please state your 'capacity' in dealing with the deceased's estate, e.g. Administrator, Executor, Nominee, Next of Kin, Personal Representative, Survivor in the account.

A nomination is a facility where the holder of State Savings Book Based Deposit Account(s) and Savings Certificates Issues (1-12) may nominate in writing on a prescribed form a person or persons to receive at their death any sum repayable in respect of the Book Based Deposit Account(s) and Savings Certificates Issues (1-12) nominated. Nominations are **not applicable** to Savings Certificates purchased after the 12th issue, and are also **not applicable** to any other State Savings products and accounts held in the sole name of a deceased customer or to any State Savings products and accounts held jointly or in a trust type structure by a deceased customer with another person or persons.

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