

Barclays Bereavement Team – Closure Form

Upon completion – please return to; Barclays Bereavement Team, Leicester, LE87 2BB

In instances where a Grant of Probate or Letters of Administration are required, please note that all executors are required to sign.

Name of the Deceased:
Reference Number (usually starts BRV):

If you wish for the funds to be released via Transfer, please complete the below;

Nominated Account Name:	
Nominated Sort Code:	Nominated Account Number:
Bank Name:	
Payment Reference number or Roll Number (if applicable – required for some Abbey National/Santander/Nationwide Accounts):	

Please note that we are unable to transfer to an ISA or Bond Account.

If you wish for the funds to be released via Cheque, please complete the below;

Cheque Made Payable To:

If you wish to keep any Bond or ISA accounts open until maturity (the date on which the Bond or ISA amount will be released), please quote the sort code and account number below:

Bond/ISA 1 - Sort Code:	Bond/ISA 1 - Account Number:
Bond/ISA 2 - Sort Code:	Bond/ISA 2 - Account Number:

If you wish to transfer any Currency Accounts to an alternative account, please complete the below;

Nominated Account Name:
Nominated Account Details:
Nominated Currency:

Please note; if you instruct us to transfer the currency balance into a sterling account, the exchange rate will be sourced by Barclays at a specific time on the date that the transfer is being completed. For details on the exchange rate used, contact the International Helpdesk (Mon – Fri 9.00am to 5.00pm) on 03459 757575 or +44 191 541 2009 if calling from overseas.

Please ensure you read the below carefully before signing. By signing this agreement, authorisation is given to Barclays to;

- Close any Barclays' account(s) of the Deceased (including any bond/ISA account(s) subject to any instructions above to remain open until maturity) (the "Deceased's Account");
- Use any of the money in the Deceased's Account to pay off any balances owed to the Barclays group;
- Transfer any remaining funds from the Deceased's Account to the Nominated Account in accordance with the payment instructions selected; and
- Transfer funds held in the Deceased's name in any Children's Savings Account to the Nominated Account in accordance with the payment instructions selected below.

I confirm:

- I have read and accepted the terms of this agreement;
- I will bring no further claim in relation to the Deceased's Account without first obtaining and providing evidence of probate or letters of administration;

- I am entitled, either solely or with others, to the balance(s) in the Deceased's Account with the Barclays group;
- That if any other beneficiary(ies) is/are entitled to a share of these funds, I confirm I have their consent to accept this agreement and receive the funds on their behalf;
- That I will distribute funds transferred from any Children's Savings Account to the Nominated Account to the child/children entitled to the funds;

By signing this agreement, I will be responsible for any losses or costs the Barclays group of companies suffers as a result of any other person being validly entitled to a share of the funds the Barclays group of companies pays to me under the terms of this agreement.

I give this indemnity both in my personal capacity and as the Deceased's personal representative.

Full Name:	Full Name:
Relationship to the Deceased:	Relationship to the Deceased:
Address:	Address:
Signature:	Signature:
Date:	Date:

Full Name:	Full Name:
Relationship to the Deceased:	Relationship to the Deceased:
Address:	Address:
Signature:	Signature:
Date:	Date:

If you are a solicitor, completing this form on behalf of the deceased's estate where no probate is being provided, please complete the below;

- I give this indemnity as the authorised claimant
- I will be responsible for any losses or costs the Barclays Group suffers as a result of any other person being entitled to a share of the funds the Barclays group pays to me under the terms of this agreement.

Solicitors Firm:	
Solicitors Full Name:	
Solicitors Signature:	Date:

During key stages or in case of missing documentation, we may need to get in touch with you. How would you prefer to be contacted?

- SMS Name _____ Contact Number _____
- Post