

# Notification of Death

Please complete this form to the best of your knowledge. We will use this information to process the deceased person's account.

## USE OF PERSONAL DATA

Before you complete this form, we want to ensure you understand how we will use the personal data provided. To do this:

- 1 Visit [www.securetrustbank.com](http://www.securetrustbank.com)
- 2 Use the Search function to find our 'Document Library'.
- 3 Read one of the following information sheets. Choose the one that best describes your relationship with the deceased account holder:

- **Personal representative:** Use of Personal Data – Personal Representative of the deceased
- **Solicitor:** Use of Personal Data – Solicitor acting as executor on behalf of the deceased

Please ensure you complete all relevant sections in BLOCK CAPITALS.

## SECTION A: DECEASED PERSON'S DETAILS

Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Residential address										
									Postcode	
Secure Trust Bank account number(s) if known										

## SECTION B: YOUR DETAILS

Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Date of Birth (DD/MM/YYYY)										
Preferred contact number										
Residential address										
									Postcode	
Relationship to the deceased person										

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## SECTION C: EXECUTOR(S)

Are you also the executor? (Please tick one option)	Yes		No	
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If there are any additional executors, please complete their details below.

Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Date of Birth (DD/MM/YYYY)										
Preferred contact number										
Residential address										
									Postcode	

Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Date of Birth (DD/MM/YYYY)										
Preferred contact number										
Residential address										
									Postcode	

## SECTION D: SOLICITOR'S DETAILS

Please only complete this if a solicitor or firm is acting on behalf of the late account holder.

Title	Mr		Mrs		Miss		Ms		Other	
Forename(s)										
Surname										
Name of organisation										
Address of organisation										
									Postcode	
Preferred contact number										

Is the solicitor also an executor? (Please tick one option)	Yes		No	
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Please note all future correspondence will be sent to either the executor or administrator of the account once validation has been received.

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## SECTION E: DECLARATION

By signing this form, I confirm that:

- The information I have provided to Secure Trust Bank about the relevant deceased person's estate is correct and to the best of my knowledge, including any information contained within this form.

### Executor

Title	Mr	Mrs	Miss	Ms	Other
Forename(s)			Surname		
Signature			Date (DD/MM/YYYY)		

### Executor

Title	Mr	Mrs	Miss	Ms	Other
Forename(s)			Surname		
Signature			Date (DD/MM/YYYY)		

### Executor

Title	Mr	Mrs	Miss	Ms	Other
Forename(s)			Surname		
Signature			Date (DD/MM/YYYY)		