

Notification of Death

for completion on the death of an Ireland State Savings Customer

PANEL A | DETAILS OF THE DECEASED CUSTOMER (Please read the notes carefully before completing this form).

Title	First Name(s)	Middle Name (if any)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Death	Date of Birth (if available)	Variations (e.g. First Name / Maiden Name)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address of Deceased	Previous Address of Deceased (If applicable)		
<input type="text"/>	<input type="text"/>		

PANEL B | JOINT OR TRUST TYPE ACCOUNTS - list account number(s) held jointly or in a trust type structure with the Deceased Customer - see note 2.

<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"/>

(If necessary, please continue overleaf)

Relationship of Survivor(s) to the Deceased Spouse Other (enter an X in one box only)

PANEL C | SOLE ACCOUNTS - list account number(s) held in the sole name of the Deceased Customer - see note 3.

<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"/>

(If necessary, please continue overleaf)

1. Did the Deceased leave a Will? Yes No { If Yes, please complete questions 2 & 4 below.
 If No, please complete questions 3 & 4 below.

2. Is it intended to obtain Grant of Probate? Yes No

3. If there is no Will, is it intended to obtain Letters of Administration? Yes No

4. Did the Deceased make a Nomination? Yes No If YES, include nomination number:

PANEL D | NAME AND ADDRESS FOR REPLY

Title	First Name(s)	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address for Reply	Contact Telephone Number		
<input type="text"/>	<input type="text"/>		

PANEL E | SIGNATURE - see note 4

I/We, in my/our capacity as , wish to notify Ireland State Savings of the death of the person named in Panel A.

Signature 1 Signature 2

The Death Certificate must be returned with this Notification of Death.

Date

PANEL B (CONT'D) | JOINT OR TRUST TYPE ACCOUNTS - list account number(s) held jointly in a trust type structure with the Deceased Customer - see note 2.

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 X in this box. Yes (A Prize Bond Claim Form will be issued)

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 Post Office Official, 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 Post Office Official, 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 Ireland 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 Ireland 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 an Ireland State Savings Deposit Account(POSB) 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 Deposit Account (POSB) 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 Ireland State Savings products and accounts held in the sole name of a deceased customer or to any Ireland State Savings products and accounts held jointly or in a trust type structure by a deceased customer with another person or persons.**

PERSONAL DATA

The NTMA is the data controller (for the purposes of the Data Protection Acts 1988 and 2003 and, with effect from 25 May 2018, the General Data Protection Regulation (GDPR)) for all personal data supplied by you. For further information on our General and Specific Terms and Conditions, including the collection and processing of your personal data, please contact us at 0818 20 50 60 / 01 705 7200 or at service@statesavings.ie. Please note we can also supply you with a specific information document with regard to our Evidence of Identity and Personal Data policies upon request. This document is also available at your local Post Office.