

Funds held with Skipton that total from £5,000 up to £30,000

Letter of Indemnity Form

Please complete this form to request the closure of account(s) if:

- You are the Spouse, Civil Partner, Parent or Child of the deceased
- You are **not** applying for Grant of Probate/ Certificate of Confirmation/ Letters of Administration;
- There is **more** than £5,000 but **less** than £30,000 held with Skipton
- AND
- All beneficiaries can sign this form.

***You will also need to complete a Statutory Declaration form**

If you require any help, please contact the Bereavement Team on 0345 266 1209.

Section 1: Account Details

Name of deceased

Account Number(s)

1.

2.

3.

4.

5.

6.

Section 2: Beneficiary

First Beneficiary

Title Forename

Surname

Current Address

Postcode

Date of birth (DD/MM/YYYY)

 / /

(Delete as appropriate) My relationship to the deceased is
SPOUSE/CIVIL PARTNER/CHILD/PARENT

Second Beneficiary

Title Forename

Surname

Current Address

Postcode

Date of birth (DD/MM/YYYY)

 / /

(Delete as appropriate) My relationship to the deceased is
SPOUSE/CIVIL PARTNER/CHILD/PARENT

Third Beneficiary

Title Forename

Surname

Fourth Beneficiary

Title Forename

Surname

Continued overleaf

Section 2: Beneficiary (continued)

Current Address

Postcode

Date of birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Delete as appropriate) My relationship to the deceased is
SPOUSE/CIVIL PARTNER/CHILD/PARENT

Current Address

Postcode

Date of birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(Delete as appropriate) My relationship to the deceased is
SPOUSE/CIVIL PARTNER/CHILD/PARENT

Section 3: Declaration

I/We confirm that I am/we are the only person(s) entitled to the funds in the above numbered account(s). These funds were previously the property of:

Name of deceased

passed away on (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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at (place)

I/We can confirm that the deceased did not have other funds elsewhere, or other property that would require a Grant of Probate/ Certificate of Confirmation/Letters of Administration to be obtained.

I/We authorise Skipton Building Society to pay the full balance to me/us and fully indemnify the Society against any loss that it may incur, or claims that may be brought against it, as a result of releasing the funds to me/us.

First Beneficiary

Signature

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Second Beneficiary

Signature

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Third Beneficiary

Signature

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Fourth Beneficiary

Signature

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Call 0345 266 1209



Go to [skipton.co.uk](https://www.skipton.co.uk)



Visit us in branch