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Please indicate the type of payment here (e.g. Catering, Headstone, Florist, etc)

BIC\*

IBAN\*

Account Holder Name:  Bank Name:

Account Holder Address:  Bank Address:

Reference for Payee:  Amount: €

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### 3) Primary Representative Contact Details

Contact Name:

Contact Number:

Contact Email:

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### Terms and Conditions

1. You agree to be legally bound by these terms and conditions by signing this form.
2. You confirm that you are the correct person to sign this form because you are either a) all of the Executors named in the Will of the deceased customer **or** b) There is no Will and you are all of the Next of Kin entitled to extract a Grant in the Estate of the deceased.
3. You agree to indemnify (promise to compensate) and to keep indemnified PTSB and its officers, employees and agents against any and all demands, claims, losses, damages, expenses, costs (including legal costs and expenses) or other liabilities which the Bank may incur and which arise from the Bank relying on your instructions to make any payment of any monies from any account of the deceased customer without having a Grant of Representation, or from the Bank relying on the information given in this form by you. You confirm that this indemnity is given by you in consideration of PTSB carrying out your instructions as contained within this form.
4. You understand that this Form relates to the payment of Funeral Director Expenses and Funeral Related Expenses up to a maximum of €20,000 from the bank account(s) held by the deceased customer with PTSB.
5. You confirm that you do not have a Grant of Probate or Letters of Administration.
6. You understand that you will need to provide PTSB with certain documentation in relation to the death of the deceased. For example, you may be asked to provide a death certificate/coroner's certificate/interim certificate of fact of death and a copy of the Will (if there is a Will).
7. All parties who sign this form shall provide PTSB with a certified\*\* copy of proof of your identity (passport or driving licence) and a certified\*\* copy of proof of your address (e.g. utility bill or Revenue correspondence issued within the past 6 months) if they are not an existing customer of PTSB.
8. You understand that you may be required to provide PTSB with copies of invoices in relation to the expenses you are requesting PTSB to pay regarding the funeral of the deceased customer.

9. You instruct and authorise PTSB to pay monies from any accounts of the deceased customer to the accounts set out above even though you do not have a Grant of Probate or Letters of Administration.
10. You acknowledge that the Bank is not obliged to follow your instructions (e.g. PTSB may require the production of a Grant in advance).
11. You understand that all parties who sign this form are jointly and severally liable.
12. You acknowledge that the courts of Ireland will have full jurisdiction in relation to any matters arising from this form and that the form is to be construed in accordance with Irish law.
13. You consent to PTSB using the personal data you provide in this form to allow the Bank to deal with the accounts of the deceased.

**WARNING**

**YOU UNDERSTAND THAT BY SIGNING THIS FORM YOU ARE AGREEING TO COMPENSATE PTSB FOR ANY LOSSES SUFFERED BY THE BANK ARISING FROM PTSB ACTING ON YOUR INSTRUCTIONS TO REMOVE MONIES FROM THE ACCOUNTS OF THE DECEASED IN THE ABSENCE OF A GRANT OF PROBATE OR LETTERS OF ADMINISTRATION. IT IS STRONGLY RECOMMENDED THAT YOU OBTAIN INDEPENDENT LEGAL ADVICE BEFORE YOU SIGN THIS FORM.**

**Executor/Personal Representative/Next of Kin  
Signature**

**Executor/Personal Representative/Next of Kin  
Signature**

Signature of witness

Full name of  
witness:

Date:

D

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M

M

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Y

Y

Y

Y

\*You should be able to find the BIC & IBAN on an Invoice or a Bank Statement of the account you want us to pay the monies to.

\*\* A certified copy can be obtained by bringing the original and a photocopy of the document to one of the following people: accountant, barrister, solicitor, bank or building society official, commissioner of oaths, notary public.