Indemnity Form for Other Funeral Related Expenses

PLEASE COMPLETE IN BLOCK CAPITALS

Bank of Ireland

This form covers items such as funeral catering and florists. It does not cover the Funeral Director Invoice.

About this form

This form is used by the executors/administrators or next of kin nominated representative of a deceased customer to request us to allow them to withdraw testamentary and Funeral related expenses.

Important information for anyone considering signing this form.

You need to be sure that you are the next of kin or you are the next of kin nominated to represent all next of kin or a person who is entitled to be the personal representative. By signing this form, you are declaring to the bank you are. We strongly recommend you obtain independent legal advice before you sign. You should also consider contacting the Probate Office (for contact details, see www.courts.ie).

To: the Governor and Company of the Bank of Ireland ("you")   Date: [D][D][M][M][Y][Y][Y][Y]

1. The Details of the Deceased Customer:

There is an account (or accounts) in the Deceased Customer's name with you.

These are the details of the Deceased Customer:

a) The Deceased Customer's Name: [   ]

b) The Deceased Customer's Address: [   ]

[   ]

c) The Deceased Customer died on: [D][D][M][M][Y][Y][Y][Y]

Please tick either (d) or (e) below

d) A certified copy of the original death certificate for the Deceased Customer is attached to this form and it has been certified by a practising Accountant, Barrister, Solicitor, Bank or Building Society official, Commissioner of Oaths/Notary Public, Justice of the Peace, FSA registered broker/introducer, Post Office Official (UK only) or an Attorney at law. [ ]

e) A certified copy of the original death certificate for the Deceased Customer has already been given to you. [ ]

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2. Instruction on Payment of Testamentary and Funeral Expenses.

(a) We instruct and authorise you to make the payments set out in Clause 5 ("the Payments") from the monies in account(s) of the Deceased Customer to the account(s) set out below EVEN THOUGH we have not yet taken out a Grant of Probate/Administration ("Grant").

(b) If you have already paid any sum from an account of the Deceased Customer at the request of any of us, we ratify each such payment.

(c) You are not obliged to obey this instruction in part or in full (for example, if you require us to produce the Grant or an Invoice for the testamentary or funeral expense before you make the payment.)

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3. I/We declare that the person(s) who has (have) signed this form is (are) entitled to be the personal representative(s) of the deceased customer under Succession Law

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4. We declare that each payment mentioned in Clause 5 is for Testamentary and/or Funeral Expenses under Succession Law and we declare that we have an Invoice vouching each expense and agree to produce each invoice if asked for it by you.

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5. The Payments

Please complete the following details:

a) FUNERAL CATERING

Payee Account BIC: ☐☐☐☐☐☐☐☐☐☐☐

Payee Account IBAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Payee Name:

Payee Address:

Amount: €

(b) OTHER EXPENSE [   ] Please detail

This section should only be completed if the funeral expenses have already been paid.

Payee Account BIC: ☐☐☐☐☐☐☐☐☐☐☐

Payee Account IBAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Payee Name:

Payee Address:

Amount: €

c) FLORIST / MEMORIAL CARDS / DEATH NOTICE

Payee Account BIC: ☐☐☐☐☐☐☐☐☐☐☐

Payee Account IBAN: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Payee Name:

Payee Address:

Amount: €

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6. We agree to indemnify and keep indemnified you and your officers, employees and agents, against any and all demands, claims, liabilities, losses, damages, costs and expenses (including legal costs and expenses) which you or any of them may incur or be put to by reason of (a) the payment of any monies from the account of the Deceased Customer requested by us in this form; or (b) relying on the information given by us in this form; or (c) enforcing or attempting to enforce this indemnity. This indemnity is given in consideration of you obeying our instruction given in Clause 2.

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7. **Information True and Accurate**

   We declare that all the information given by us in this form is true, accurate and up to date and we acknowledge you are relying on it.

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8. **Joint and Several Liability**

   Where more than one person signs this form, the liability of each person under this form is joint and several.

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9. Interpretation

In Clauses 1 to 10 of this form:

(a) The expressions "we", "us" and "our" includes a reference to each person who signs this form or some or all of them. (Where one person only signs this form, the expressions refer to that person alone).

(b) "You" and "your" includes a reference to Bank of Ireland.

(c) "Personal representative" means the executor or the administrator of a deceased person.

(d) "Succession Law" includes a reference to the Succession Act 1965 as amended.

(e) Any expression in the plural is deemed to include a reference to the singular (for example, "we" can mean "I" –see Clause 9(a)).

(f) Where a clause gives an example of something, that is to assist those who use it and it does not limit the meaning of the clause.

(g) Headings and the note "About this Form" on page 1 are for the convenience of those how use this form and do not form part of the agreement between you and us or affect the meaning of Clauses 1 to 10.

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10. Witnessing Requirements for this document

To get this document witnessed please contact an Accountant, Barrister, Solicitor, Bank or Building Society official, Commissioner of Oaths/Notary Public, Justice of the Peace, FSA registered broker/introducer, Post Office Official (UK only) or an Attorney at law.

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11. Governing Law

This form is governed and is to be construed by Irish law. The courts of Ireland have jurisdiction in any matter arising from it (and we submit for your benefit to the jurisdiction of the Irish courts).

Signature: SIGN HERE ▶
Executor / Personal Representative / Next of Kin

Witness: SIGN HERE ▶

Profession:

Name:

Name:

Address:

Address:

Signature: SIGN HERE ▶
Executor / Personal Representative / Next of Kin

Witness: SIGN HERE ▶

Profession:

Name:

Name:

Address:

Address:

Signature: SIGN HERE ▶
Executor / Personal Representative / Next of Kin

Witness: SIGN HERE ▶

Profession:

Name:

Name:

Address:

Address:

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