

Section 2 (to be completed if a Will has been left by the deceased)

I/We*, the named executor(s) do solemnly and sincerely declare that:

- a) The deceased named in Section 1 executed a Will and no Grant of Probate or Confirmation has been made to the estate.
- b) **I/We* am/are*** the executor(s) named to administer the estate under the Will
- c) **I am/We are*** the only person(s) entitled to administer the instructions of the Deceased's above numbered account(s) with the Chorley Building Society and action the closure requests as stated by **myself/ourselves/the Executor(s)** named in the Will of the Deceased.
- d) **I/We*** can confirm that the information in this form has been completed correctly and I acknowledge that the Society has agreed to act upon it in good faith and in reliance on the information provided. Accordingly, if **I/We*** or the Society become aware of any circumstances under which the payee(s) **is/are*** not entitled to receive the funds, I agree to return them in full.
- e) **I/We*** make the solemn declaration conscientiously believing the same to be true by virtue of the provisions of the Statutory Declarations Act 1835

Signed (Executor 1)

Signed (Executor 2)

Signed (Executor 3)

Signed (Executor 4)

Section 3 (to be completed if no Will was left by the deceased)

I/We*, the named beneficiary(ies), do solemnly and sincerely declare that:

- a) The deceased died without leaving a Will (intestate) and that no Letters of Administration of Confirmation have been granted to the estate.
- b) **I/We*** are legally entitled, either solely or with others, to the balance in the deceased's accounts with Chorley Building Society and the closure cheque should be drawn in the favour of myself/ourselves.
- c) **I/We*** can confirm that the information in this form has been completed correctly and I acknowledge that the Society has agreed to act upon it in good faith and in reliance on the information provided. Accordingly, if **I/We*** or the Society become aware of any circumstances under which the payee(s) **is/are*** not entitled to receive the funds, I agree to return them in full.
- d) **I/We*** make this solemn declaration conscientiously believing the same to be true by the virtue of the revisions of the Statutory Declarations Act 1835.

Signed (Beneficiary 1)

Signed (Beneficiary 2)

Signed (Beneficiary 3)

Signed (Beneficiary 4)

Section 4 (to be completed in all cases by Commissioner for Oaths/Solicitor)

Name and address of Commissioner for Oaths/Solicitor

Postcode

Telephone number

Declared in the County of

On the date

Print Name

Signature