

## Statutory Declaration of Beneficiary – Small Claims Form

FOR USE WHEN THE TOTAL BALANCE OF THE ACCOUNT(S) IS LESS THAN £15,000

This form can be completed electronically then saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. If you need any help completing this form, please call us on 01257 235003 or visit your local branch.

## Instructions:

- 1. This form should be completed in full by the beneficiary or the executor of the deceased member
- 2. Please delete as applicable all fields marked with an asterisk (\*)
- 3. For balances over £500 this form must be signed in the presence of a Commissioner for Oaths or Solicitor and verified with their official stamp

Chorley Building Society Account No(s)  Total Account Balances  Members Full Name Date of Death  BENEFICIARY OR EXECUTOR DETAILS  Beneficiary/Executor 1  Full Name	
Members Full Name  Date of Death  Postcode  BENEFICIARY OR EXECUTOR DETAILS  Beneficiary/Executor 1  Full Name  Formally residing at  Postcode  Postcode	
Date of Death  Postcode  BENEFICIARY OR EXECUTOR DETAILS  Beneficiary/Executor 1  Full Name  Full Name	
BENEFICIARY OR EXECUTOR DETAILS  Beneficiary/Executor 1  Full Name  Postcode  Full Name	
BENEFICIARY OR EXECUTOR DETAILS  Beneficiary/Executor 1  Full Name  Full Name	
Beneficiary/Executor 1 Full Name Beneficiary/Executor 2 Full Name	
Full Name Full Name	
- 10	
Residing at Residing at	
Postcode	
Relationship to deceased Relationship to deceased	
Home telephone number Home telephone number	
Mobile Mobile	
Email address Email address	
Beneficiary/Executor 3 Beneficiary/Executor 4	
Full Name Full Name	
Residing at Residing at	
Postcode	
Relationship to deceased Relationship to deceased	
Home telephone number  Home telephone number	
Mobile Mobile	
Email address Email address	

## 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 Estate for the deceased does not require Grant of Probate.

Position held

- 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\* confirm that the information in this form has been completed correctly and I/We 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 Signed (Executor 1) (Executor 2) Signed Signed (Executor 3) (Executor 4) 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 no Letters of Administration 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 be made payable to 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 Signed (Beneficiary 1) (Beneficiary 2) Signed Signed (Beneficiary 3) (Beneficiary 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 Official stamp of Solicitor or Commissioner of Oath