

# Personal Representative Request for Funds to Cover Costs

## 1. Deceased Customer details

Title: \_\_\_\_\_  
 Forenames: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Please specify the account number of any ONE account held by the deceased:  
 A/C No.: \_\_\_\_\_

## 2. Personal Representative details

Title: \_\_\_\_\_  
 Forenames: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

## 3. Payment details

Amount: \_\_\_\_\_

Please tick ONE Box only to indicate which of the following options you require:

Electronic payment to HM Revenue & Customs  
 (for the purposes of paying Inheritance Tax)

**For payments to HMRC we must receive a completed IHT423 form.** If received directly from the Executor/Administrator, we require sight of the original letter received from HMRC containing the unique Inheritance Tax reference number (This can be either the original or a certified copy).

Electronic payment to Funeral Directors (as per details on invoice)  
 Cheque to Funeral Directors

Cheque made payable to (Name of Funeral Directors): \_\_\_\_\_

**For payments to cover funeral expenses we must receive an original funeral director's invoice.**

**In order to make an urgent payment, we require the original death certificate.**

United Trust Bank Limited, One Ropemaker Street, London EC2Y 9AW  
 Telephone: 020 7190 5599 Fax: 020 7190 5550 Email: deposits@utbank.co.uk  
**www.utbank.co.uk**

Registered in England and Wales 549690  
 Authorised by the Prudential Regulation Authority and regulated by the  
 Financial Conduct Authority and the Prudential Regulation Authority

## 4. Solicitor details (if applicable)

Solicitor's name: \_\_\_\_\_  
 Company address: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode: \_\_\_\_\_

## 5. Indemnity and Signature – This section MUST be signed by the Personal Representative

**As the Personal Representative of the above named deceased, I agree:**

- to indemnify the Bank in respect of any costs, claims proceedings or disputes which may arise as a result of payment made without/prior to a grant of representation for the deceased's estate; and
- if grant of representation is being applied for, to produce the grant of representation to the Bank as soon as practicable after it has been received.

Signature of Personal Representative

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please note all original documentation will be returned.**

