

Bereavement Registration Form

This form is to be used to register the death of an investor of Bath Building Society. Please read A Bereavement Guide, for more information.

Section 1 – Deceased Details	
Full Name of Account Holder	
Account Numbers	
(Please list all accounts affected)	
Residential Address	
Postcode	
Date of Death	Date of Birth
Section 2 – Executor Details Please complete	ete ALL fields
Executor 1 (This should be the main contact)	
Title	Forename(s)
Curnama	Date of Birth
Surname	Date of Birth
Telephone	Mobile
Тетернопе	Mobile
Email	
Lindii	
Residential Address	
Postcode	
Executor 2	
Title	Forename(s)



Surname	Date of Birth
Telephone	Mobile
Email	
Residential Address	
Postcode Section 3 - Declaration	

Section 3 - Declaration

If not already done, I agree to provide the death certificate and proof of person and proof of address for myself. I understand that I do not have access to the account(s) until these documents are provided.

I/we consent to Bath Building Society accessing, processing and storing any personal information I/we provide for the purposes of providing me/us with payment services, such as faster payments, standing orders etc.

I/we have read a copy of the Bath Building Society Privacy Notice and am/are aware that a full version is available on request or by visiting www.bathbuildingsociety.co.uk

In signing this form, I understand that my personal information may be:

- Used to check my identity to ensure Bath Building Society meets money laundering regulations.
- Used to identify me when I communicate with the Society about the account.
- Used to manage the account; provide the services I request; deal with enquiries I make or authorise to be made regarding the account.
- Disclosed to appropriate regulatory authorities, auditors, any other body having legal right to the information, or anyone I appoint to administer or operate the account.
- Disclosed to third party processors to transmit and collect money, investigate complaints, distribute statements and rate change notices, resolve IT issues, develop and test new software, and for auditing purposes.

Executor Name	Signature	Date

Please return the completed form to: Bath Building Society, Customer Service Department, 15 Queen Square, Bath BA1 2HN or at one of our Branches or Agencies

Savings enquiries: 01225 423271 www.bathbuildingsociety.co.uk