

To be completed by the account holder(s) reclaiming funds.  
Please complete in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'. Fields marked \* are mandatory.

Sort Code:	<input type="text"/>	Account Number(s):	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Account Type:

☐ Current Account

☐ Savings Account

Name Account Holder 1:	<input type="text"/>
Name Account Holder 2:	<input type="text"/>
DOB Account Holder 1:	<input type="text"/> (DD/MM/YYYY)
DOB Account Holder 2:	<input type="text"/> (DD/MM/YYYY)
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
County:	<input type="text"/>
Eircode:	<input type="text"/>

Tel. No Account Holder 1:	<input type="text"/>
Tel. No Account Holder 2:	<input type="text"/>
Email Account Holder 1:	<input type="text"/>
Email Account Holder 2:	<input type="text"/>

[illegible]

- ☐ Cheque
- ☐ Electronic Funds Transfer

[illegible][illegible][illegible]

Please note that a cheque will be issued in the names of all parties on the account and will be issued to the statement address held on file by Ulster Bank.

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Date (DD/MM/YYYY)\_\_\_\_\_

**Please ensure that any required supporting documents are submitted with this form**

To be completed by beneficiary claiming funds in another person's name.  
Please complete in BLOCK CAPITALS and in black ink. Please mark option boxes with an 'x'. Fields marked \* are mandatory.

Sort Code:	<input type="text"/>	Account Number(s):	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

Account Type:

☐ Current Account

☐ Savings Account

Name Account Holder 1:	<input type="text"/>
Name Account Holder 2:	<input type="text"/>
DOB Account Holder 1:	<input type="text"/> (DD/MM/YYYY)
DOB Account Holder 2:	<input type="text"/> (DD/MM/YYYY)
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
County:	<input type="text"/>
Eircode:	<input type="text"/>

Tel. No Account Holder 1:	<input type="text"/>
Tel. No Account Holder 2:	<input type="text"/>
Email Account Holder 1:	<input type="text"/>
Email Account Holder 2:	<input type="text"/>

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible]

☐ Yes  
☐ No

- ☐ The Death Certificate
- ☐ Probate
- ☐ Copy of the Will
- ☐ Solicitors Letter advising term of the Will
- ☐ Other proof of being the legal heir

[illegible]

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Date (DD/MM/YYYY)\_\_\_\_\_

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