

Ulydien Trust Company Limited Reclaim Form – Closed Ulster Bank Ireland DAC Non-Personal Account(s) or Product(s)

The Ulydien Trust Company Limited has been established to hold the unclaimed funds of former Ulster Bank Ireland DAC (UBIDAC) customers. This postal form provides beneficiaries with a means to reclaim their funds.

Making a Claim

Please use this form to submit a request to reclaim funds from Ulydien Trust. Supporting documentation will be required as part of the reclaim process. You can also submit a reclaim online by visiting www.ulsterbank.ie/ulydien.

You will be asked to provide some key information to us when you are completing this form, such as:

1. Entity details, including name and company registration number (if applicable).
2. Details of the person submitting the reclaim and the entity's key principals, including name, address and contact number, PPSN and / or other Tax Identification Numbers (where required), Country of Birth, and Nationality.
3. Details of the closed UBIDAC account, including sort code and account number *or* IBAN *or* Credit Card number *or* draft serial number.
4. Details of the account you would like funds to be paid into if your reclaim request is successful – the name of this account must match the name of the closed UBIDAC account in the Trust i.e., if the original account was in an entity's name, the account that you want funds to be paid to must match the UBIDAC account records.
5. Information and documentation confirming tax details of key principals. This includes confirmation of US Citizenship and/or a tax residencies outside of Ireland. This information will be shared with Irish Revenue and our banking partner AIB. This is required under the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS), as incorporated into Irish Law.

Frequently Asked Questions can be found on site www.ulsterbank.ie/ulydien.

If you require additional support, you can contact us on 0818 210 260 (+353 1804 7475 if calling from abroad).
Opening Hours: 9am – 5pm: Monday – Friday (Excluding bank Holidays).

Instructions

- If you are submitting a reclaim for a non-personal account, please complete sections A, B, C & D and include supporting documentation as outlined in section F.
- If you are submitting a reclaim as a **third party** for a non-personal account, please complete sections A, B, C, D & E and include supporting documentation as outlined in section F.
- If you are submitting a reclaim for a **UBIDAC Bankers Draft**, please input details of the beneficiary submitting the reclaim (payee or originator) in section A and complete section B, D and D. In addition, section E should be completed where the beneficiary is deceased or if a reclaim is being submitted on behalf of a beneficiary (payee / originator).
- Please complete all sections in BLOCK CAPITALS.
- Please mark Option Boxes with an "X."
- Once all required sections have been completed, the reclaim form signed and required documentation certified and enclosed, please return to:

Ulydien Trust Co Ltd
C/O Ulster Bank Ireland DAC Head Office
PO Box 5168
Ballyogan
Dublin 18

Ulydien Trust Company Limited Reclaim Form

SECTION A: BUSINESS DETAILS

Please provide the business details for the closed account / product / draft:

Business Details

Entity Type	<input type="checkbox"/> Limited Company <input type="checkbox"/> Firm / Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Club / Society / Unincorporated Body <input type="checkbox"/> Unknown <input type="checkbox"/> Other
Entity Name (as detailed on the closed account)	
Has the Entity changed name and not notified the bank?	<input type="checkbox"/> Yes – if so, please detail the new name below. <input type="checkbox"/> No
New Entity Name	
Company Registration Number (if applicable)	

Business / Entity Address

Please provide the business / entity address:

Entity Address	<input type="checkbox"/> Registered Address <input type="checkbox"/> Trading Address
Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	
Has the Entity changed address and not notified the bank?	<input type="checkbox"/> Yes – if so, please detail the previous address below. <input type="checkbox"/> No
Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

Entity Contact

Please provide contact details of the person submitting the reclaim:

Title	
First Name	
Middle Name	
Surname	
Contact Number (including country code)	
Official Business Email Address	
Connection to Entity	

SECTION B: KEY PRINCIPAL 1 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 2 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 3 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 4 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 5 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 6 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 7 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 8 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 9 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION B: KEY PRINCIPAL 10 DETAILS

Please provide details of all key principals related to the business:

Key Principal Details

Type of Party	<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Trader <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Significant Controller <input type="checkbox"/> Company Secretary <input type="checkbox"/> Other (please specify) _____
Title	
First Name	
Middle Name	
Surname	
Date of Birth (DD/MM/YYYY)	
Contact Number (including country code)	
Email Address	
Country of Birth*	
Country of Nationality*	
Are you a US citizen? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
* If you noted the United States as your country of birth, country of nationality or you are a US citizen, please provide your US Tax Identification Number or Social Security Number	
PPSN (if held)	

If you do not hold a PPS number or you hold multiple tax residencies, please fill in the Tax Identification Number (TIN) for all countries in which you are a tax resident.

Country	Tax Identification Number

I declare that the information I have provided on this form, is to the best of my knowledge and belief, correct and complete.

Current Address

Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	

SECTION C: CLOSED ACCOUNT / PRODUCT / DRAFT DETAILS FOR A CLOSED CURRENT / SAVINGS ACCOUNT

Please provide details of the closed account(s):

Account Name	Sort Code (6-digit number starting with 98)	Account Number (8-digit number)	IBAN (Where sort code/account number are not known)	Approximate balance at account closure
	9 8			€
	9 8			€
	9 8			€
	9 8			€

FOR DRAFTS

Please provide details as found on the draft:

Name on Draft (Payee)	
Draft Number	
Issue Date	
Amount on Draft (including currency)	

OTHER TYPE OF CLOSED ACCOUNT / PRODUCT

Please provide the name as detailed on closed account:

Name on account / product	
Account / Product Number or Reference Number	
Account / Product Type	
Approximate balance at account / product closure	€

SECTION D: PAYEE ACCOUNT DETAILS

Please provide details of the account you want funds to be paid to. Funds will be paid by electronic transfer.

NOTE: Evidence of this account will need to be provided alongside this reclaim form (e.g., copy of Bank Statement showing account name and address). Further details can be found in Section E of this form.

Name (as it appears on the account)	
BIC (You can find it on your bank statements or you can log on to your online banking account.)	
IBAN (You can find it on your bank statements or you can log on to your online banking account.)	
Bank Name	
Country (Please note payments will be sent in Euro and charges may be incurred if the payee account is in a different currency.)	

I / We certify that I / we are beneficially entitled to claim for funds that were held in Ulster Bank Ireland DAC Closed account(s) noted above and that all the details herein are correct. Please process the credit of funds in accordance with the foregoing details and instructions outlined herein.

Key Principal 1 signature	
Key Principal 1 date	
Key Principal 2 signature	
Key Principal 2 date	
Key Principal 3 signature	
Key Principal 3 date	

SECTION E: CLAIMING FUNDS ON BEHALF OF A BENEFICIARY

Please complete this section in full if you are making a claim on behalf of a Beneficiary.

On what basis are you making this claim?	<input type="checkbox"/> Deceased <input type="checkbox"/> Liquidated <input type="checkbox"/> Receivership <input type="checkbox"/> Entity Name Change <input type="checkbox"/> Other (please specify)
If other, please state	

Please complete the section below only if submitting the reclaim on behalf of a deceased Beneficiary:

Are you reclaiming the full or partial amount? (You can only submit a partial reclaim if the funds are to be used for funeral costs.)	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Amount of reclaim (if partial)	€
Date of death (DD/MM/YYYY)	

Claimant details (third party):

Title	
First Name	
Middle Name	
Surname	
Contact Number (including country code)	
Email Address	
Address 1	
Address 2	
Town / City	
County / State	
Eircode / Postal Code	
Country	
Connection to beneficiary	

Signature: _____

Date: _____

SECTION F: DOCUMENT REQUIREMENTS

This section outlines the documentation requirements to evidence the information submitted in each section of the form. These will need to be certified, as outlined below.

BEFORE SUBMITTING DOCUMENTS

You will need support from one of the following to certify your original documentation before you can submit this claim form:

- Qualified solicitor / lawyer / barrister must be registered with the Law Society or equivalent in your country of residence.
- Qualified accountant must be registered with The Institute of Chartered Accountants or equivalent in your country of residence.
- Notary Public must be registered with the Law Society or equivalent in your country of residence

NOTE: the Solicitor, Accountant or Notary Public certifying the documents must be independent of the person, Trust or Legal Entity for which the certification is being provided.

The person you have certifying your documents will need to:

1. Take a photocopy of the original document(s). Only the original documents can be accepted as verification.
2. Photocopy each page of the documentation onto separate A4 pages.
3. Ensure all photocopies are legible and easy to read (they may need to increase the resolution size if required).
4. Each copy page must be stamped by officials brand or photocopied using Business Headed paper and then signed by the person completing this certification.
5. Each copy page needs to be:
 - i. Signed by the person completing the certification and include their name, position, certifiers registration number and regulatory body name.
 - ii. Dated with the date certification was completed.
 - iii. Notated with "original sighted and verified".

Please note, certification of documents may incur a fee, for which the claimant must pay. This fee will not be reimbursed by the Ulydien Trust Company.

SECTION A REQUIREMENTS

Please note that in relation to the entity, once we have received this completed form, Ulydien Trust Company Limited will be in contact to advise what entity documentation is required in order to complete the reclaim process.

SECTION B REQUIREMENTS

For each and every key principal listed in Section B of this reclaim form, the following supporting documentation must be provided:

Proof of Identity

- Copy of current valid Passport or
- Copy of current valid Driving Licence

In circumstances where the original account name and the name held on the Proof of Identity document do not match, evidence in respect of name change is required, such as;

- Copy of Marriage/Civil Partnership Certificate or
- Copy of Name change order from Court or
- Copy of Deed Poll

Proof of Address

- Copy of current valid Driving Licence (if not used as Proof of Identity) or
- Copy of utility bill/statement dated within the last six months from a regulated utility provider e.g., Gas/Electricity/Landline telephone

- Copy of Bank Account Statement dated within the last six months from a regulated Bank/Building Society/Credit Union (can include a Mortgage Statement and must be less than 12 months old)

Proof of PPS Number

You will also need to provide one of the following documents to evidence your PPS Number:

- Public Services Card or Social Services Card
- Drugs Payment Scheme Card
- Medical Card or GP Visit Card
- European Health Insurance Card
- Letters from the Department of Social Protection (e.g., Social Welfare payment slip)
- Letters from the Revenue (e.g., PAYE Notice of Tax credits, Tax Assessment, etc)
- Temporary Payment Card

Proof of UK National Insurance Number

- P45 or P60.
- Letter from HM Revenue and Customs about tax or tax credit.
- Bank statements showing payments by direct debit for class-2 National Insurance contributions, or benefit payments received showing your National Insurance number on the statement, for example, Incapacity Benefit or State Pension.
- Payslips, salary statement or works pension statement (as long as it shows your National Insurance number).
- Letter that the Pension Service or Jobcentre Plus has sent to you (not handwritten).
- National Insurance number card (not handwritten).

Proof of other Foreign Tax ID Number

If you don't have a PPS Number or UK National Insurance number, evidence of another tax identification number will be required.

SECTION C REQUIREMENTS

For reclaims relating to UBIDAC Bankers Drafts (foreign and domestic), you will need to submit evidence of entitlement to funds. You must include the original draft or an indemnity form when submitting this postal reclaim. An indemnity form can be found under the UBIDAC Bankers Draft FAQ on the Ulydien Trust webpage. Additional support and guidance can also be found here.

SECTION D REQUIREMENTS

For the repayment of total balance of all successful reclaims listed in this form, proof of destination bank account must be provided:

- Copy of Bank Account Statement (must have been issued within 6 months of receipt of this reclaim form), the details of which must match the documents you are providing for address verification purposes.

SECTION E REQUIREMENTS (ONLY TO BE COMPLETED IF SUBMITTING A RECLAIM ON BEHALF OF A BENEFICIARY)

If you are submitting this reclaim on behalf of a Beneficiary, you must submit identity and address verification evidence per the guidance outlined in SECTION B REQUIREMENTS.

In addition, you must submit evidence of your appointment as Legal Representative such as:

- Copy of Power of Attorney or Enduring Power of Attorney or
- Copy of Ward of Court or
- Evidence of appointment as a Liquidator or
- Evidence of appointment as a Receiver or
- Copy of Co-Decision-Making Agreement or
- Copy of Decision-Making Representative Order

Deceased Beneficiaries

If you are submitting a refund claim to the Ulydien Trust on behalf of a deceased beneficiary, we will note this in your reclaim form and refer your refund claim to our Bereavement Services Team. They will contact you to make sure you have the right support and the right information to help you process your application.

The Bereavement Services Team will also write to you confirming what evidence is required to support a reclaim on behalf of a deceased beneficiary. This may include:

- Certified copy of death certificate, interim death certificate or coroner's certificate.
- Proof of PPS number for the deceased beneficiary (documents listed under Section B Requirements above).
- Certified copy of Proof of Identity and Address for all Executor(s) or next of kin.
- For amount less than €50k, Small Estates Indemnity Form signed by all Executor(s) or next of kin.
- For amount greater than €50k Certified copy of Grant of Probate/Letters of Administration.