





#### 4 To be completed if there is no Will

Is a Grant of Letters of Administration or (*in Scotland*) Confirmation of Executor Dative being obtained?

Yes  No

If Yes, please give full name(s) of the Administrator(s) or Executor(s).

Has the Grant or Confirmation already been received?

Yes  No

**If a Grant or Confirmation is being obtained please go to section 6, if you are not obtaining one go to section 5.**

#### 5 To be completed if you are not obtaining a Grant or Confirmation

(a) Was a husband, wife or civil partner living when the saver died?

Yes  No

If Yes, please give the widow(er)'s or surviving civil partner's full name and go to section 6.

If No, answer questions (b) and (c).

(b) Were any children living when the saver died?

Yes  No  If Yes, please give full name(s).

Saver's child/children*	Age(s)	Saver's child/children*	Age(s)

(c) Were there any other children who died before the saver but left children of their own?

Yes  No  If Yes, please give full name(s).

Saver's deceased child/children*	Saver's grandchild/grandchildren*	Age(s) of grandchildren

**If you have answered Yes to question (b) or (c), go on to section 6. If not, answer questions (d) to (g).**

(d) Was the father living when the saver died?

Yes  No

If Yes, give the father's full name.

(e) Was the mother living when the saver died?

Yes  No

If Yes, give the mother's full name.

(f) Were any brothers or sisters living when the saver died?

Yes  No  If Yes, please give full name(s).

Saver's brother(s)/sister(s)*	Age(s)	Saver's brother(s)/sister(s)*	Age(s)

(g) Were there any other brothers or sisters who died before the saver but left children of their own?

Yes  No  If Yes, please give full name(s).

Saver's deceased brother(s)/sister(s)*	Brother's/sister's child/children*	Age(s) of children

**\*Note: Please include the names of any who are legitimated, legally adopted or illegitimate.**

## 6 To be completed in all cases

If you are claiming as next of kin, please say how you are related to the saver? (*husband, sister, etc.*)

If you are not claiming as next of kin, in what capacity are you claiming? (*Executor, Nominated Person, Administrator, Trustee etc.*)

Please give your age if under 18.

**Pensioners Guaranteed Income Bonds can only be transferred to someone aged 60 or over. Children's Bonus Bonds, SAYE Contracts, Individual Savings Accounts and Premium Bonds cannot be transferred. However, if not repaid, Premium Bonds can remain in each Prize Draw for up to 12 months after the date of death of the holder.**

If your claim is accepted do you wish

(a) to keep the money in National Savings? Yes  No

Yes  No

Type of Savings required

If Yes state the type of savings you require.

If No give the name of the person to whom it is to be paid.

(b) Premium Bonds to remain in each Prize Draw for up to 12 months after the date of death?

Yes

Please still send the Bonds. The numbers will continue to take part in all relevant Prize Draws.

No

**Note:** We will send you a valuation and any forms if required. Payment will be sent to the first address shown below unless you tell us otherwise.

**Please read the following statement, complete your details and sign.**

I/We believe that the information given by me/us on this form is true and that I am/we are entitled to claim the National Savings of the person named in section 1. (*Please use CAPITAL letters for name(s) and address(es).*)

M \_\_\_\_\_ Surname \_\_\_\_\_  
(*Mr Mrs Miss Ms*)  
All forenames \_\_\_\_\_

Address \_\_\_\_\_

Postcode

Telephone number including STD code  
(*in case we need to contact you*)

Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

M \_\_\_\_\_ Surname \_\_\_\_\_  
(*Mr Mrs Miss Ms*)  
All forenames \_\_\_\_\_

Address \_\_\_\_\_

Postcode

Telephone number including STD code  
(*in case we need to contact you*)

Daytime \_\_\_\_\_

Evening \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### IMPORTANT – HAVE YOU ENCLOSED

- The documents asked for on page 1.
- **Bank books, bonds, certificates** - We can deal with your claim more quickly if you send these documents with this form.
- **Easy Access Savings Account** Cash Cards should **not** be returned, these should be destroyed.

Please ensure you keep a record of the account and/or bond numbers for future enquiries.

### Where to send the form

When you have filled in the form, please send it with the above documents to:

#### Single Product claims

- National Savings and Investments, Glasgow G58 1SB - If there are **Capital Bonds, Children's Bonus Bonds, Easy Access Savings Account or National Savings Ordinary or Investment Accounts.**
- National Savings and Investments, Durham DH99 1NS - If there are none of the items mentioned above but there are **Deposit Bonds, FIRST Option Bonds, Fixed Rate Savings Bonds, Individual Savings Accounts, Savings Certificates, SAYE Contracts or Yearly Plan Agreements**
- National Savings and Investments, Blackpool FY3 9YP - If there are none of the items mentioned above but there are **Guaranteed Equity Bonds, Income Bonds, Pensioners Guaranteed Income Bonds or Premium Bonds.**

**Multiple product claims** - send to any of our offices listed above.