

Claim after the death of an NS&I customer

Please use this form to tell us of the customer's death, give details of their NS&I savings and the information to prove who is entitled to claim them and tell us whether the savings are to be kept in NS&I or repaid.

IMPORTANT INFORMATION – Please read before completing this form

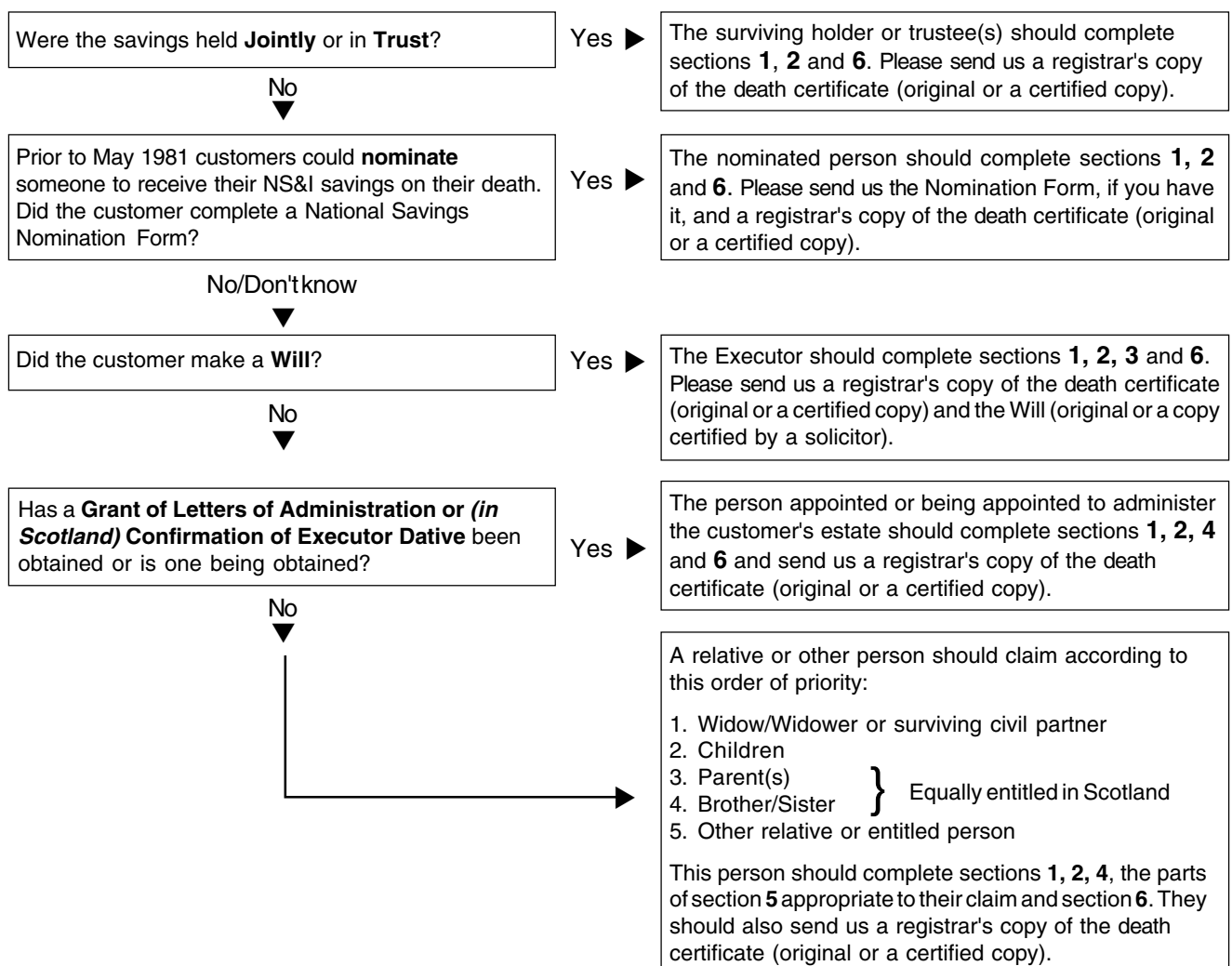
We will let you know if we need a Grant of Representation (also known as a Grant of Probate or Grant of Letters of Administration) once we receive your completed form. We may ask for this if the customer's total NS&I savings are £5,000 or over. The Director of Savings also reserves the right to request a Grant of Representation for a claim of any value.

We may also contact you for more information before the savings can be released.

If you send us original documents, we recommend you use a secure service.

A guide to help you through the claims process is available at nsandi.com/help-to-claim. You can also call us any time on **08085 007 007** or tweet us **@nsandihelp** and we'll be happy to help. We're here in the UK all day, every day. Calls from the UK are free. We may record your call to help us give you the best service.

Who should claim and how



Please see the end of the form for how to certify a Will or a registrar's copy of the death certificate.

Please go to the next page ▶

Please use **BLACK CAPITAL LETTERS** and where required. Complete sections **1**, **2** and **6** in **all** cases and other sections as applicable.

1 Personal details of the deceased customer

Title _____ Customer's surname _____	
All forenames _____	
Address _____	
	Postcode <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>
Previous address _____	
(If they had lived at the address above for less than three years)	
	Previous postcode <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>
Date of birth (or age if not known) _____ National Insurance Number <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	
Date of death <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	Place of death _____

2 Details of all the customer's NS&I savings

Please send **passbooks, Bonds, Certificates** or other records, if you have them.

Are any of the savings held jointly or in trust? Yes <input type="checkbox"/> (<i>joint</i>) Yes <input type="checkbox"/> (<i>trust</i>) No <input type="checkbox"/>	Please give the details of each account held as shown on the passbook(s), Bond(s), Certificate(s) or other records, eg the NS&I, holder's or customer number and the account, Bond or Certificate number(s).
65+ Guaranteed Growth Bonds	
Children's Bonds/Children's Bonus Bonds	
Direct ISA, Junior ISA, Cash ISA or TESSA-only ISA	
Direct Saver	
Fixed Interest Savings Certificates	
Guaranteed Growth Bonds	
Guaranteed Income Bonds	
Income Bonds	
Index-linked Savings Certificates	
Investment Account	
Investment Guaranteed Growth Bonds	
Premium Bonds	
<i>If any other NS&I savings are held but not listed above, please give the description and any reference number(s).</i>	
Are any of these savings covered by a Nomination ? Please note that this does not apply to Premium Bonds, Easy Access Savings Accounts or Individual Savings Accounts (ISAs) which could not be nominated.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

3 Complete if there is a Will. If there is not, please complete section 4

Please give the full name(s) of the Executor(s) as shown on the Will.	
Do you have or are you obtaining a Grant of Probate or (<i>in Scotland</i>) a Confirmation of Executor Nominate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please go to section 6.	

Please go to the next page ►

4 Complete if there is no Will

Do you have or are you obtaining a Grant of Letters of Administration or (in Scotland) a Confirmation of Executor Dative?

Yes No

If you have or are obtaining a Grant or Confirmation, please give the full name(s) of the Administrator(s) or (in Scotland) Executor Dative(s).

If you have or are obtaining a Grant or Confirmation, please go to section 6. Otherwise please complete section 5.

5 Complete if there is no Will and you don't have and are not obtaining a Grant or Confirmation

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

Yes No

If Yes, please give their full name and go to section 6.

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

In the rest of this section please include all those who are legitimate, legally adopted or illegitimate, where applicable.

(b) Did the customer have any children who were living when the customer died?

Yes No

If Yes, please give their details.

Full name	Age	Full name	Age

(c) Did the customer have any other children who died before them but left children of their own?

Yes No

If Yes, please give their details

Full name of the customer's child	Full name of the customer's grandchild	Grandchild's age

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

(d) Was the customer's father living when the customer died?

Yes No

If Yes, please give their full name.

(e) Was the customer's mother living when the customer died?

Yes No

If Yes, please give their full name.

(f) Did the customer have any brothers or sisters who were living when the customer died?

Yes No

If Yes, please give their details.

Full name	Age	Full name	Age

(g) Did the customer have any other brothers or sisters who died before them but left children of their own?

Yes No

If Yes, please give their details.

Full name of the customer's brother/sister	Full name of their child	Child's age

Please go to the next page ►

6 Please read and complete in all cases

Please tell us whether you want the savings reinvested, transferred or repaid. Any Premium Bonds held can remain in each prize draw for up to 12 months after the date of the customer's death.

If you are the beneficiary of the savings, you can ask for some or all of the savings to be reinvested or transferred into one or more NS&I accounts rather than repaid. The NS&I account(s) can be one you already have, or a new one you want to open. If it is one you already have, we'll reinvest the money in your account. If it is a new one, we'll send you the brochure and an application form or a transfer form, as applicable. Please note that not all our accounts may be on sale - check our website **nsandi.com** for those currently on sale before deciding.

Only some NS&I accounts can be transferred into another person's name. Premium Bonds, Children's Bonds and Individual Savings Accounts cannot be transferred and 65+ Guaranteed Growth Bonds can only be transferred to someone aged 65 or over. Also Bonds must be transferred as a whole.

If you have any questions about reinvesting, transferring or repayment, call us on **08085 007 007**.

6a Reinvestment or transfer

If you are the beneficiary of the savings, do you want to keep some or all of the savings in NS&I?

Yes Please complete the rest of this section

No Please go to section **6b**

Do you already have the NS&I account you want to put it in?

Yes

No

If Yes, please complete this table:

Type of account eg Premium Bonds, Direct Saver	Account, customer or holder's number	Amount to put in £

If No, please tell us which new NS&I account(s) you want to open to put the savings in.

6b Premium Bonds - If the customer had any Premium Bonds, please complete this section. Otherwise go to section **6c**.

Do you want the customer's Premium Bonds to remain in each prize draw for up to 12 months after the date of the customer's death rather than repaid immediately after this claim is completed?

Yes Please still send us the customer's Bonds, or details of them. The Bond numbers will continue to take part in all relevant prize draws. At the end of the 12 months the money will be repaid as you indicate in section 6c.

No

Any prizes won will be paid after that prize draw by warrant to the person entitled to the money. We will hold on to any outstanding prizes won until we have completed the claim and then issue them.

6c Repayment

Please indicate how you would like any repayment to be paid.

Paid into a UK bank or building society account Warrant (like a cheque)

If by warrant, who should it be payable to?

If by payment into a UK bank or building society account, please give its details below.

Bank/building society

Name in which account is held

Account number Sort code - -

Bank reference or building society roll no (if applicable)

Please be careful when providing the bank details. If you enter the wrong details, the payment might be delayed, or credited to the wrong account, and may result in a financial loss.

We will send any warrants to the first address shown on the next page unless you tell us otherwise.

Please go to the next page and sign ►

6d Your details and signature(s)

Please read the following statement, complete your details and sign. We will only contact the person in the first box shown below unless you tell us otherwise.

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 NS&I savings of the person named in section 1.

Title _____ Surname _____ All forenames _____ Age, if under 18 _____ Address _____ _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nationality _____ Phone number _____ <i>(Please give the one we are most likely to reach you on.)</i> If you are claiming as next of kin, how you are related to the customer? (Wife, son, brother etc) _____ _____ If you are not the next of kin, in what capacity are you claiming? (Executor, Nominated Person, Administrator, Trustee etc) _____ _____ Signature _____ Date <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"/> <input type="text"/>	Title _____ Surname _____ All forenames _____ Age, if under 18 _____ Address _____ _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nationality _____ Phone number _____ <i>(Please give the one we are most likely to reach you on.)</i> If you are claiming as next of kin, how you are related to the customer? (Wife, son, brother etc) _____ _____ If you are not the next of kin, in what capacity are you claiming? (Executor, Nominated Person, Administrator, Trustee etc) _____ _____ Signature _____ Date <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"/> <input type="text"/>
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How we use your information

We treat all the information you give us about you and others as private and confidential.

See our privacy notice for full details - available at nsandi.com/privacy-notice or by calling us.

What to do next

When you have filled in the form please send it with all the required documents to **NS&I, Glasgow G58 1SB**.

The **required documents** are:

- **The documents asked for on page 1**
- **Passbooks, Bonds, Certificates or other records for each account held, if you have them.** Please make sure you make a note of the account, Bond or Certificate numbers and the NS&I, holder's or customer number, if known, for future enquiries.

Please destroy any Easy Access Savings Account cash cards. **Do not** send them to us.

Please note any claim for Government Stocks (Gilts) formerly held on the National Savings Stock Register should be made directly to:

British Government Stocks (Gilts), Computershare Investor Services PLC, The Pavilions, Bridgwater Road, Bristol, BS99 6ZW.
Call 0370 703 0143 (Monday to Friday between 9am and 5pm). Calls are charged at the same rate as any 01 or 02 call from any UK network, mobile or landline.

Email gilts@computershare.co.uk

Website www-uk.computershare.com/investor/gilts

Certifying copies

If you are sending a copy of the Will or a copy of the registrar's copy of the death certificate, it must be certified as being a true copy of the original.

Who can certify the copy

The copy of the Will must be certified by a Solicitor.

The copy of a registrar's copy of the death certificate can be certified by any of the following people: a qualified individual who is currently practising in the legal, financial or teaching profession; a doctor or dentist; a minister of a recognised religion; a civil servant or a prison, police or customs officer.

The certifier must not be related to you by birth or marriage, in a personal relationship with you or live at the same address.

How to certify the copy

Ask the certifier to write on the copy:

"I certify that this is a true copy of the original [type of document] belonging to [name]."

Then ask the certifier to sign and date the copy, clearly print their full name, indicate their occupation or the capacity in which they are providing the certification (eg lawyer, doctor or teacher), provide their work address and daytime telephone number and affix any relevant official stamp where available. Members of professions should also give their institute membership number, if possible.