

Lloyds Wealth (ACD) Small Estates Form



Please complete this form in order to confirm who has the legal right to act when Grant of probate has not been applied for.

- Please fully complete sections 1-5, in BLOCK CAPITALS with a BLACK ballpoint pen.
- Please be advised the Small Estates limit is £50,000.
- If you have any queries or support needs when completing this form, please call **+44 (0)344 822 8910**.
- Return your completed form(s) to: **Lloyds Wealth (ACD), PO Box 13482, Chelmsford, CM99 2GN.**

Title	Mr	Mrs	Miss	Ms	Other title	Residential address
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>					<input type="text"/>
Forename(s)	<input type="text"/>					<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y
Postcode	<input type="text"/>					<input type="text"/>
Client Reference	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We declare that :-

- There is no inheritance tax payable in connection with the estate of the deceased
- I/We have not and do not intend to apply for a Grant of Representation and to the best of my/our knowledge no other person has or intends to apply for one in connection with the estate
- I/We make this solemn declaration conscientiously believing it to be true and by virtue of the Statutory Declaration Act 1835
- I/We agree to indemnify you against any losses, damages, charges, costs and expenses incurred by reason of you acting in accordance with my/our instructions.
- The total value of the estate is not more than:

First-Named or sole executor or next of kin

Title	Mr	Mrs	Miss	Ms	Other title	Residential address
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>					<input type="text"/>
Forename(s)	<input type="text"/>					<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y
Relationship to deceased	<input type="text"/>					Postcode
	<input type="text"/>					<input type="text"/>
	<input type="text"/>					Telephone number
	<input type="text"/>					<input type="text"/>

Second-Named executor or equal next of kin

Title Mr Mrs Miss Ms Other title

Residential address

Surname

Forename(s)

Date of birth

Postcode

Relationship to deceased

Telephone number

If there are more than 2 additional executors or equal next of kin please add their details and signatures at the end of the form.

We are required to verify the identity of investors and beneficial owners in order to comply with UK anti-money laundering legislation. This involves obtaining independent documentary evidence confirming identity and permanent residential address. This may involve an electronic check of information. By signing this Small Estates Form you will give us the right to access such information for the purposes of the General Data Protection Regulation (GDPR). We reserve the right to request further information or documentation if required.

In the case of an estate of a deceased person in the course of administration, the beneficial owner is the executor, original or by representation, or administrator for the time being of a deceased person.

IN CONSIDERATION of you recording my/our name(s) as Personal Representative(s) of the Deceased without production of a Grant of Representation and accepting instructions from me/us and dealing with the holding in the above, I/we, do hereby agree to indemnify you and keep you indemnified from and against all losses, damages, charges, costs and expenses which you may sustain, incur or be liable to in consequence of your so doing.

Signed by executor or next of kin (First)

Signed by executor or next of kin (Second)

Date of signing

Date of signing

Witnessed by Solicitor/Commissioner of Oaths/Notary Public/Justice of the Peace (Delete as appropriate)

Witnessed by Solicitor/Commissioner of Oaths/Notary Public/Justice of the Peace (Delete as appropriate)

Full name

Full name

Signed by executor or next of kin (First)

Signed by executor or next of kin (First)

Date of signing

Date of signing



[LloydsWealth.com](https://www.LloydsWealth.com)

Please contact us if you'd like this information in an alternative format such as Braille, large print or audio.

Calls can be monitored and recorded and call costs may vary depending on your service provider.

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