Deposit Guarantee Scheme Deceased Member Claim Form



This form should be completed in BLOCK CAPITALS by the Nominee/Personal Representative of a deceased depositor. The Deposit Guarantee Scheme will review the completed form and supporting documentation prior to issuing payment to the Nominee/Personal Representative of the deceased depositor.

If you are in receipt of any un-cashed DGS payments previously issued in the name of the deceased depositor, please return to the DGS for cancellation.

Personal Details of Deceased		
Credit Union Member Number (if available)		
Name of Credit Union		
Depositor Name		
Date of Birth (dd/mm/yyyy)		
Address		
Account Number(s) held by deceased		
(if known)		
Personal Details of Nominee/Personal Representative		
Name		
Address		
Contact Telephone Number(s)		
Payee details – This Section should be completed to confirm payee/address details		
Name		
DOB		
Address		
Contact Telephone Number(s)		
(if available)		

I confirm that I act in the capacity of Nominee/Personal Representative of the above named depositor and that all the details provided are correct to the best of my knowledge

Signature of Nominee/Personal	
Representative	
Date	

Required Documents:

This form must be accompanied by the following documentation:

- Original Death Certificate (mandatory) and
- Credit Union Form of Nomination or
- Original Grant of Probate / Grant of Letters of Administration which confirms your status as the Personal Representative of the deceased

Original documentation will be returned to you as soon as possible.

Please return the completed form along with required documents to:

Deposit Guarantee Scheme Central Bank of Ireland New Wapping Street North Wall Quay Dublin 1

For Official Use Only		
Valid Claim	Invalid Claim	
Insert details of authorisation received to process a change to payee details below :	Insert details of why the request to change payee details was invalid:	
Claim Certification		
Authorised Signature Date		

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