

Deposit Guarantee Scheme Deceased Member Claim Form



Banc Ceannais na hÉireann
Central Bank of Ireland
Eurosystem

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 : <hr style="border: 0; border-top: 1px solid black;"/>	Insert details of why the request to change payee details was invalid : <hr style="border: 0; border-top: 1px solid black;"/>
Claim Certification	
Authorised Signature Date	

