

## Wise Bereavement Team — Refund and Closure form. Wise PLC

Upon completion, please submit to: [bereavements@wise.com](mailto:bereavements@wise.com)

Full Name of the Deceased \_\_\_\_\_

Date of birth of the deceased (DD/MM/YYYY) \_\_\_\_\_

P-Reference / Membership Number (if known) \_\_\_\_\_

Authority for making the claim (only tick one):

- ☐ Executor (please provide a copy of the Will/Grant of Probate or equivalent. Where there is no Will, please provide evidence of entitlement/Letters of Administration or equivalent).
- ☐ Legal representative of the Executor(s). (please provide the Executor/Personal Representative's authority + relevant documents for the Executor/Personal Representative).
- ☐ Other (Please specify what document appoints you and provide attachments if you haven't already). \_\_\_\_\_

**Where multiple Executors or Heirs are appointed, the one appointed to represent others must be the claimant. An Authorisation form or letter must be provided separately.**

**As the appointed executor to represent the estate, I confirm:**

- I confirm that I am authorised to make this claim on behalf of all Executors or Heirs to the Estate. The relevant power of attorney document is attached.

**Please read the below statements carefully before signing. By signing this form, you authorise Wise to:**

- Exit any investments held in Assets by the deceased and transfer the positive balance to the Wise multi-currency account.
- Use funds from the multi-currency account to settle any potential outstanding fees or negative asset balances.
- Transfer the final balance of the deceased's Wise account to the nominated account below and deactivate the deceased's customer profile to prevent any further activity on this profile.

**I confirm that:**

- I have read, understood and accepted the terms of this form.
- That I am entitled and/or authorised to make this claim on behalf of the estate.
- That the funds will be distributed to the beneficiaries in accordance with the terms of the deceased customer's Will or, where there is no Will, in accordance with the law.
- I indemnify the entire group of Wise entities from any further claims on behalf of the deceased customer's estate.

**We are only able to refund the amounts to account in the name of an appointed executor, client accounts if represented by a firm or attorney, or estate accounts (mark below).**

☐ The account below is nominated for the estate.

**Details of the nominated account to which funds should be transferred:**

Account Holder Name \_\_\_\_\_

Bank / Financial Institution \_\_\_\_\_

Account N° / IBAN \_\_\_\_\_

Sort Code / BIC \_\_\_\_\_

Type of account (checking/savings) \_\_\_\_\_

Currency Denomination \_\_\_\_\_

Reference (optional) \_\_\_\_\_

Amount to refund:

- ☐ Total to how funds are held at Wise
- ☐ Other - please specify

**Details of the claimant:**

I give this indemnity both in my personal capacity and as the Deceased's representative.

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address (incl. country) \_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

**If you are a legal advisor filling in this form on behalf of the deceased's estate:**

- I give this indemnity as the authorised claimant.
- I am responsible for any losses or costs incurred by Wise's group of entities as a result of any future claims made against the estate.

Name of Attorney / Law Firm \_\_\_\_\_

Law firm's representative \_\_\_\_\_

Address (incl. country) \_\_\_\_\_

\_\_\_\_\_

Signature:

\_\_\_\_\_

We will do our utmost not to contact you unnecessarily during this time. However, in case of missing information or documentation, we may need to contact you using the email address you contacted us from. Should you wish us to use an alternative email address, please confirm.

Email address \_\_\_\_\_