

Wise Bereavement Team — Authorisation Letter (Executor(s) to Firm)

Upon completion, please submit to: bereavements@wise.com

Full Name of the Deceased _____

Date of birth of the deceased (DD/MM/YYYY) _____

P-Reference / Membership Number (if known) _____

This letter is completed and extended by the executor(s)/personal representatives/legal heirs (underline as applicable) of the deceased's estate as appointed by a will or the applicable laws of intestacy), to authorise a **legal representative** (an attorney, or law firm) to act on behalf of the undersigned **authoriser(s)** in the handling of the deceased's estate.

Details of the attorney or law firm representative

Name of Attorney / Law Firm _____

Law firm's representative _____

Address (incl. country) _____

Authorisation

I/We (the Authoriser(s)) _____
hereby authorise (attorney/firm) _____ to act on my/our behalf
in the handling of the Estate of the deceased identified above.

I/We grant this authorisation of my/our own free will and make use of my/our power as **Executor(s) / Personal Representatives / Legal Heir(s) (please underline)**. I/We understand that Wise will continue to exercise their privacy and security policies when addressing this with the authorised party.

Signature of all authorising parties:

Page 2 required, filled and signed.

--	--	--

- **Details of the authoriser**

Name _____

Date of birth _____

Address (incl. country) _____

Signature:

- **Details of the authoriser**

Name _____

Date of birth _____

Address (incl. country) _____

Signature:

- **Details of the authoriser**

Name _____

Date of birth _____

Address (incl. country) _____

Signature:

If there are more than 3 authorisers, please fill another copy of this page.