

Wise Bereavement Team - Refund form

Wise Europe SA

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

Full Name of the Deceased: _____

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

P-Reference / Membership Number (if known): _____

Full Name of the Claimant: _____

(please provide your ID)

Authority for making the claim (only tick one):

- Executor (please provide a copy of the Will/Certificate of Executorship or equivalent)
- Personal Representative (where there is no Will, please provide evidence of entitlement/Certificate of Inheritance or equivalent)
- Lawyer representing the Estate (please provide the Executor/Personal Representative's authority + relevant documents for the Executor/Personal Representative)
- Spouse / Registered Legal Partner (please provide a copy of your marriage certificate or legal partnership certification) (applicable with or without a Will)

Please confirm the amount you wish to withdraw from the deceased's customer's Wise account:

- EUR _____
- Other (please specify currency and amount) _____

If you do not have a certificate of executorship or certificate of inheritance (or equivalent) the maximum amount available for withdrawal is 50% of the balance held at Wise, up to a maximum of EUR 5'000.00. This amount will only be refunded to a spouse or registered legal partner.

Please note that if you are not requesting the payout to be in the currency in which we hold the funds at on the Wise Account, you accept any applicable deductions for currency exchange rates and charges.

Please provide details of the nominated account to which the funds held should be transferred:

Account Name: _____

Bank/Financial Institution: _____

Account No / IBAN: _____

Sort Code / BIC: _____

Payment Ref No / Roll No: _____

Please note we are unable to release funds via cheque or in cash.

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

- Transfer the balance requested above from the deceased's Wise account to your nominated account above in the currency(ies) held at Wise.

I confirm that:

- I/we have read, understood and accepted the terms of this form.
- That I/we am/are entitled to make this claim on the basis of
 - Having obtained a Certificate of Executorship (or equivalent);
 - Having obtained a Certificate of Inheritance (or equivalent);
 - Representing the Executor(s) or Heir(s); or
 - Being the deceased's spouse/registered legal partner;
- I/we indemnify the entire group of Wise entities from any claims associated with this refund request on behalf of the deceased customer's Estate.

Claims made by a spouse or registered legal partner should be signed by the spouse or registered legal partner.

Claims made by the Executor or Community of Heirs must be signed by each individual (if more than one). Alternatively, one Executor or Heir may be appointed to represent the group. In this instance, the appointed individual confirms following:

- I confirm that I am authorised to make this claim on behalf of all Executors or Heirs to the Estate, or as the deceased individual's spouse/registered legal partner. The relevant power of attorney document is attached.

Executors / Personal Representatives / Heirs / Spouse / Registered Legal Partner

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

| | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Full Name: | Full Name: |
| Executor / Personal Representative / Heir / Spouse / Registered Legal Partner (please underline) | Executor / Personal Representative / Heir / Spouse / Registered Legal Partner (please underline) |
| Address: | Address: |
| Signature: | Signature: |
| Date: | Date: |

| | |
|------------|------------|
| Full Name: | Full Name: |
|------------|------------|

| | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Executor / Personal Representative / Heir / Spouse / Registered Legal Partner (please underline) | Executor / Personal Representative / Heir / Spouse / Registered Legal Partner (please underline) |
| Address: | Address: |
| Signature: | Signature: |
| Date: | Date: |

If you are a legal advisor completing this form on behalf of the deceased's estate, please complete the below:

- 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 law firm | |
| Legal Advisor's full name | |
| Legal Advisor's Signature | Date: |

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: _____