

Wise Bereavement Team - Refund and Closure form
Wise US Inc

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/Grant of Probate or equivalent)
- Personal Representative (where there is no Will, please provide evidence of entitlement/Letters of Administration or equivalent)
- Lawyer representing the Estate (please provide the Executor/Personal Representative's authority + relevant documents for the Executor/Personal Representative)

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

Account Name: _____

Account holder's address: _____

Bank/Financial Institution: _____

Type of account (checking/savings): _____

Account No / IBAN: _____

Sort Code / BIC: _____

Payment Ref No / Roll No: _____

Currency:

- Equal to how funds are held at Wise
- Other - please specify: _____

If you are requesting a refund to be made in a currency other than what is held in the Wise account, you are agreeing to accepting any deductions for exchange rates and charges applicable.

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:

- 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 your nominated account above 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.

Where there are multiple Executors or there is a Community of Heirs, each individual must sign below. 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. The relevant power of attorney document is attached.

Executors / Personal Representatives / Heirs

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

Full Name:	Full Name:
Executor / Personal Representative / Heir (please underline)	Executor / Personal Representative / Heir (please underline)
Address:	Address:
Signature:	Signature:
Date:	Date:

Full Name:	Full Name:
Executor / Personal Representative / Heir (please underline)	Executor / Personal Representative / Heir (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: _____