

Estate form

Customer reference number												
Estate Accounts of the late					•				•			
Estate assets												
Please enter the details of all assets held in not applicable where appropriate):	the	sole	e na	me	of th	ne de	ecea	sed (if as	sets	are r	not held, please select
Property value (please enter the value in first field, or tick N/A if not applicable)	£]	N/A
Property Ownership confirmation Please select appropriate option	S	ole o	wne	ersh	ip of	dece	ease	d				
	Te	enant	ts in	Со	mmc	n						
	Jo	oint o	owne	ersh	nip							
Bank account (please enter the value in first field, or tick N/A if not applicable)	£											N/A
Savings account (please enter the value in first field, or tick N/A if not applicable)	£											N/A
Building Society account (please enter the value in first field, or tick N/A if not applicable)	£]	N/A
ISA account (please enter the value in first field, or tick N/A if not applicable)	£]	N/A
Insurance policy paid out to estate (please enter the value in first field, or tick N/A if not applicable)	£											N/A
Pension paid out to estate (please enter the value in first field, or tick N/A if not applicable)	£]	N/A
Shares/Unit Trusts (please enter the value in first field, or tick N/A if not applicable)	£]	N/A
National Savings account (please enter the value in first field, or tick N/A if not applicable)	£]	N/A

Premium Bonds (please enter the value in first field, or tick N/A if not applicable)	f	N/A
Motor vehicle (please enter the value in first field, or tick N/A if not applicable)	f	N/A
Sole Trader Commercial vehicle(s) (please enter the value in first field, or tick N/A if not applicable)	f	N/A
Sole trader Commercial property (please enter the value in first field, or tick N/A if not applicable)	f	N/A
Sole Trader Commercial stock value (please enter the value in first field, or tick N/A if not applicable)	f	N/A
Other (please specify) Please tick if other is not applicable		
Name of asset	Value of asset £	N/A
Name of asset	Value of asset £	N/A
Total value of assets	£	

Estate liabilities

Please enter the details of **all** liabilities held in the **sole name** of the deceased (if liabilities are not held, please select not applicable where appropriate):

Funeral expenses		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Income tax		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Inheritance tax		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Capital Gains tax		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
National Insurance		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Solicitor's Fee		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Mortgage		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Credit Card no. 1		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Credit Card no. 2		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Credit Card no. 3		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Store Card		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Bank Loan no. 1		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Bank Loan no. 2		
(please enter the value in first field,		
or tick N/A if not applicable)	£	N/A
Bank Loan no. 3		
(please enter the value in first field,		
or tick N/A if not applicable)	f	N/A

Motor vehicle finance (please enter the value in first field, or tick N/A if not applicable) £		N/A					
Other (please specify) Please tick if other is not applicable		14// \					
Name of liability	Value of liability £		N/A				
Name of liability	Value of liability £		N/A				
Total liabilities	£						
Declaration I declare that the information on the Estate account form is true and complete to the best of my knowledge.							
Tick as applicable:							
I have obtained Probate/Letters of Administration and enclose a copy for your records.							
I am not obtaining Probate/Letters of Administration.							
Name							
Signed (Executor/Personal Representative)	V						
Date (DD/MM/YYYY) D D M M Y Y Y	I I						

Accessibility

If you need any of this information in a different format, please let us know. **This includes large print, braille, or audio.** You can speak to us using the live chat on our website, by visiting one of our branches, or by giving us a call.

There are also lots of other options available to help you communicate with us. Some of these are provided by third parties who are responsible for the service. These include a Text Relay Service and a British Sign Language (BSL) Video Relay Service. To find out more please get in touch. You can also visit: hsbc.co.uk/accessibility or: hsbc.co.uk/contact.

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