

Scottish Public Pensions Agency Application for the executor of an estate

Scheme reference number	
Surname	
Surrianie	
Forename(s)	
Title	Dr Mr Mrs Miss Ms Other
National Insurance number	
Date of birth (DD/MM/YYYY)	
Date of death (DD/MM/YYYY)	1 1
Name of the Executor of	
Name of the Executor of the estate Contact address	
the estate	
the estate	Post code
the estate Contact address	Post code
the estate Contact address Email address	Post code
the estate	Post code

These must be the bank member.	details of the executor and NOT of the deceased
Name of account holder	
Name of Bank/Building	
Society	
Branch	
Branch address	
	Post code
Bank sort code	
Account Number	
Building Society roll Number	
Section 4 – declaration	
I declare that the statemen	nts made by me on this form are true to the best of my ve included the relevant certificates (where applicable)
Signed	

Please send this completed form with all supporting documents to bereavementsteam@gov.scot or by post to, Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE