



Joint Current Account(s) Conversion

(Only for Personal Current Account(s) with one surviving joint account holder and credit balances)

Please use this form to convert joint current account(s) to sole account(s).

If the Deceased held other joint account(s) with any other person(s) then they will need to complete separate Joint Account(s) Conversion form(s).

Details of joint account(s)

Name of the joint account holder who has died (the "Deceased")

Name of surviving account holder

Account number(s) (the "Account(s)") to be converted

This section must be completed by a surviving account holder in the presence of a solicitor or AIB bank official

To: Allied Irish Banks, p.l.c. (the "Bank")

As the surviving joint account holder, I request the Bank to convert the Account(s) to sole account(s) in my name. I direct that the name of the Deceased be removed from the Account and that I will be liable for any present and future debt on the Account.

I request and authorise the Bank subject to appropriate Terms and Conditions (copy of which is acknowledged) to continue to maintain the said Account(s) in my name.

I confirm that all standing order and direct debit payment instructions (if applicable) on the Account(s) can remain in force unless otherwise instructed by me in writing.

I consent to the Bank processing any cheques (if applicable) presented for payment on the Account(s), including cheques signed only by the Deceased.

I understand that the Bank may be required to release information on the Account(s) to the Personal Representative(s) of the Deceased for the period during which the Account(s) operated as a joint account(s).

If the Bank is notified that any monies received into the Account(s) after the date of death of the Deceased form part of the estate of the Deceased, I authorise the Bank to debit the Account(s) without reference to me in order to reimburse the estate of the Deceased.

If the Bank is obliged by law to release any information in respect the Account(s) for the period during which the Account(s) operated as joint account(s) with the Deceased, I authorise the Bank to release such information without reference to me.

If the Bank is obliged by law to return any monies received into the Account(s) after the date of death of the Deceased to the payer, I authorise the Bank to debit the Account(s) without reference to me.

I agree to indemnify the Bank and its officials, officers, employees and agents against all or any demands, losses, damages, claims, expenses, costs or other liabilities which may be suffered by the Bank as a result of the Bank agreeing to convert the Account(s) to sole account(s).

I confirm and acknowledge that this Indemnity for conversion of joint to sole account and Bank's appropriate Terms and Conditions received by me will govern the operation of this Account.

NAME SIGNATURE

DATE Day / Month / Year

WITNESS This form must be witnessed by a solicitor or AIB bank official.

WITNESS NAME SIGNATURE

WITNESS BRAND AND DATE

FOR INTERNAL USE

Confirm the Bank has a certified copy of the Death Certificate

Check and confirm Survivorship applies to Account(s)

A copy of Bank's appropriate Terms and Conditions is provided to the customer

Authorised Official

Staff Number

Date



Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland