



Funeral Expenses

Use this form to release money, where available, from the Deceased's account to pay the Funeral Director's expenses and up to an additional €5,000 for all other funeral related expenses.

Details of the person who has died

Name of the person who has died (the "Deceased")

Date of Birth / / Date of Death / /

Address

Refund of payments made

Use this section if you have already paid the funeral expenses. Please include receipts.

Type of Expense	Amount	Receipt attached
Funeral Director	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Catering	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Florist	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Headstone	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Death Notice	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Total amount to refund	<input type="text"/> . <input type="text"/>	

Who do we pay the funeral expenses to?

Payee Name

For an Irish / EU account

IBAN

For non-EU/International account

Full address of Payee

Account Number	<input type="text"/>
Country	<input type="text"/>
Bank's Name	<input type="text"/>
Bank's Address	<input type="text"/> <input type="text"/> <input type="text"/>
SWIFT/BIC	<input type="text"/>

Pay a Supplier

If you want us to pay the funeral expenses directly to the supplier please include the invoice. Where the invoice does not have the supplier's bank details please provide them on headed paper from the supplier.

Type of Expense	Supplier Name	Amount	Invoice attached
Funeral Director	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Catering	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Florist	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Headstone	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Death Notice	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="checkbox"/>
Total to pay to Suppliers		<input type="text"/> . <input type="text"/>	

Authorisation for Payment of Funeral Expenses

I instruct and authorise **Allied Irish Banks, p.l.c.** to make the payment(s) from any net credit balance in the Deceased's account(s) to the payee account or the supplier(s) account(s) as provided, to cover the Deceased's funeral expenses.

CLAIMANT NAME	RELATIONSHIP TO DECEASED
<input type="text"/>	<input type="text"/>
<input type="text"/>	PHONE
	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
SIGNATURE	DATE
<input type="text"/>	Day / Month / Year
	<input type="text"/> / <input type="text"/> / <input type="text"/>

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

WITNESS NAME	<input type="text"/>
SIGNATURE	WITNESS BRAND AND DATE
<input type="text"/>	<input type="text"/>

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