

EARLY DISTRIBUTION INSURANCE PROPOSAL

Please complete and return to Finders International, 6 - 8 Vestry Street, London, N1 7RE

Use **BLOCK CAPITALS** and give a definite answer to each question

THE PERSONAL REPRESENTATIVE(S)

Name of Administrator / Executor:

Address (including postcode):

THE DECEASED

Full name:

Date of birth:

Date of death:

Testate

Intestate

BENEFICIARIES

Have all beneficiaries of the Deceased's estate been identified and traced?

Yes No

If 'No', have professional genealogists been instructed to identify and trace any known or unknown beneficiaries?

Yes No

If 'Yes', have those enquiries been completed?

Yes No

Can you confirm that all identified and contactable adult beneficiaries of the Deceased's estate have confirmed in writing that they are not aware of any person or company, or any social, leisure, health or interest group or charity, to which the Deceased owed money, which will not be fully paid and cease on distribution of the Deceased's estate?

Yes No

Can you confirm that all identified and contactable adult beneficiaries of the Deceased's estate have confirmed in writing that they are not aware of the identity or location of any person to whom the Deceased provided financial support?

Yes No

PERSONAL REPRESENTATIVE

Can you confirm that a notice pursuant to the provisions of s. 27 of the Trustee Act 1925 (or equivalent provisions in Scotland) has not been and will not be placed?

Yes No

Can you confirm that the Deceased's available bank statements have been checked and do not disclose any standing orders, direct debits or regular payments to any person or company, or any social, leisure, health or interest group or charity which will not be fully paid and cease on distribution of the Deceased's estate?

Yes No

AMOUNT OF INDEMNITY REQUIRED

£

I/We declare that to the best of my/our knowledge and belief the particulars entered in this proposal form are correct and I/we agree that this proposal, together with any further particulars, statements and declarations given to the insurer shall form the basis of the contract between me/us and the Insurer.

Signature: