

# Small Estates Statutory Declaration and Indemnity Form

This form is to be used to confirm that Grant of Representation will not be sought and confirms the value of the M&G investment(s) being less than £36,000. You will also need to send us the original death certificate if you have not already sent this.

Please complete this form in blue or black ink, using CAPITAL letters and ticking the appropriate boxes.

## 1 About the deceased

|                                                      |                              |                               |                             |                                |                              |                      |                      |                      |                      |                      |                               |                      |                      |
|------------------------------------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| Mr <input type="checkbox"/>                          | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> | Date of birth                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| Forename(s) <input type="text"/>                     |                              |                               |                             |                                | Surname <input type="text"/> |                      |                      |                      |                      |                      |                               |                      |                      |
| Address <input type="text"/>                         |                              |                               |                             |                                |                              |                      |                      |                      |                      |                      | Postcode <input type="text"/> |                      |                      |
| M&G client reference (if known) <input type="text"/> |                              |                               |                             |                                | Date of death                |                      |                      |                      |                      |                      |                               |                      |                      |
| <input type="text"/>                                 |                              |                               |                             |                                | <input type="text"/>         |                      |                      |                      |                      |                      |                               |                      |                      |

## 2 About the person(s) instructing small estates

### Person 1

|                                  |                              |                               |                             |                                |                              |                      |                      |                      |                      |                      |                               |                      |                      |
|----------------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| Mr <input type="checkbox"/>      | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> | Date of birth                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| Forename(s) <input type="text"/> |                              |                               |                             |                                | Surname <input type="text"/> |                      |                      |                      |                      |                      |                               |                      |                      |
| Address <input type="text"/>     |                              |                               |                             |                                |                              |                      |                      |                      |                      |                      | Postcode <input type="text"/> |                      |                      |

### Person 2

|                                  |                              |                               |                             |                                |                              |                      |                      |                      |                      |                      |                               |                      |                      |
|----------------------------------|------------------------------|-------------------------------|-----------------------------|--------------------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------|----------------------|----------------------|
| Mr <input type="checkbox"/>      | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other <input type="checkbox"/> | Date of birth                | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>          | <input type="text"/> | <input type="text"/> |
| Forename(s) <input type="text"/> |                              |                               |                             |                                | Surname <input type="text"/> |                      |                      |                      |                      |                      |                               |                      |                      |
| Address <input type="text"/>     |                              |                               |                             |                                |                              |                      |                      |                      |                      |                      | Postcode <input type="text"/> |                      |                      |

### Please note

We are required to verify the identity of investors and beneficial owners in order to comply with UK anti-money laundering legislation. This involves obtaining independent documentary evidence confirming identity and permanent residential address. This may involve an electronic check of information. By signing this Small Estates Form you will give us the right to access such information for the purposes of the General Data Protection Regulation (GDPR). We reserve the right to request further information or documentation if required.

In the case of an estate of a deceased person in the course of administration, the beneficial owner is the Executor, original or by representation, or administrator for the time being of deceased person.

### 3 Declaration

I/We as Next of Kin of the deceased declare that:

1. They died

(tick as appropriate)

intestate  leaving a will not proven

**and that (I am the only person entitled to administer/we are the only people entitled to administer) the estate of the deceased (delete as appropriate).**

2. I/We hereby agree to indemnify M&G Securities Limited from and against all claims, demands, losses, damages, costs, charges and expenses which any such company may sustain, incur or be liable for in connection with payments due to the estate of the deceased in respect of the redemption of holdings in M&G managed funds.

The total value of the M&G holdings of the deceased in the United Kingdom at the date of death did not exceed the sum of £36,000.

3. No Inheritance Tax is payable in respect of the estate of the deceased.

4. I/We do not intend nor, to the best of my/our knowledge, does any other person intend to apply for a Grant of Representation of the estate of the deceased. I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835.

Signature

Date

D D M M Y Y Y Y

Signature (if appropriate)

Date

D D M M Y Y Y Y

### 4 Witness information

Mr  Mrs  Miss  Ms  Other

Forename(s)

Surname

Address

Postcode

The above declaration was made at

Before me on this date

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Signature of witness

Solicitor/Commissioner for Oaths/Justice of the Peace/Notary Public (Scotland)  
(please delete as appropriate)

### ! Returning your form

Please send your completed application form to:

**M&G Securities Limited, PO Box 9039, Chelmsford CM99 2XG**

### How to contact us

Call us

 **0800 390 390**

We are open Monday to Friday from 08:00 to 18:00 and on Saturday from 09:00 to 13:00. For your security and to improve the quality of our service, we may record and monitor telephone calls.

Visit our website


 **www.mandg.co.uk**

Email us

 **info@mandg.co.uk**

Please note that information in an email cannot be guaranteed as secure. Do not include sensitive information in emails to M&G.

Write to us

 **M&G Customer Relations  
PO Box 9039  
Chelmsford  
CM99 2XG**