



Executor consent form

This form gives consent for one nominated person or solicitor from the deceased's estate to receive any payments due. If there are multiple executors, please include their names below and we will require consent from each executor that payment can be issued to a nominated executor.

Please complete this form and return it to us by:

- Email[^]: bereavement@bupa.com
- Post: Bereavement Team, Bupa Place, 102 The Quays, Salford Quays, M50 3SP

Deceased's name: _____

Deceased's membership number: _____

I confirm that above named passed away on: _____ (dd/mm/yyyy)

Nominated executor's name (block capitals): _____

Address and contact number of the nominated executor: _____

Names of other executors if relevant (block capitals): _____

Signed (all executors): _____

If any executors are unable to sign this form, consent must be given in writing or by email to the details at the top of this form. Please include the deceased's membership details to prevent any delays.

In circumstances where the deceased had no Will, please sign the declaration below. Otherwise, leave it blank.

I confirm that in receiving the payment, I am legally entitled to the estate of the deceased and I am not aware of any person who would have prior entitlement.

Name (block capitals): _____

Signed: _____

Date: _____ (dd/mm/yyyy)

[^] Information you send to us by email isn't usually secure until it reaches us.

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