

## Appointee - Personal Indemnity Form

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**On behalf of the Estate of the Late** .....

**Client Number:** \_ \_ \_ \_ \_

I authorise you to close the Lincolnshire County Council held account of the above mentioned deceased, and raise a cheque for any remaining funds to the following payee.

**Payee Name:** .....

### CONDITIONS OF THIS AGREEMENT

When accepted, this agreement is in full and final settlement of all claims against Lincolnshire County Council in connection with the funds we pay to you under the terms of this agreement.

This agreement relates to the estate of ..... (DECEASED)

Your acceptance of this agreement is made on the following terms:

You have read the terms of this agreement and agree to accept them

No further claim can be made to Lincolnshire County Council in connection with the estate

You are entitled, either solely or with others, to the balance in the late clients account held by Lincolnshire County Council on their behalf

Where any other beneficiary(ies) is/are entitled to a share of these funds you confirm you have their consent to accept this agreement

### Personal Indemnity

I give this indemnity both in my personal capacity and as the claimant/deceased's Personal Representative/Beneficiary/Executor/Next of Kin.

**FULL NAME:** .....

**RELATIONSHIP TO DECEASED:** .....

**ADDRESS:** .....

**SIGNATURE:** ..... **DATE:** .....

*The signature must be the Payee the funds are being released to (as detailed on this form).*