



Early Distribution Insurance Proposal

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

Important: Please complete in 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 <input type="checkbox"/>	Intestate <input type="checkbox"/>

BENEFICIARIES

Have all beneficiaries of the Deceased's estate been identified and traced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'No', have professional genealogists been instructed to identify and trace any unknown beneficiaries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', have those enquiries been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PERSONAL REPRESENTATIVE

Has the Administrator / Executor of the Deceased's estate confirmed that:

i. 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 <input type="checkbox"/>	No <input type="checkbox"/>
ii. 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 <input type="checkbox"/>	No <input type="checkbox"/>

Amount of Indemnity Required	£
Signature	