Dear XXXX

I am writing to you following the receipt of your completed application for [conditional text: a time-limited death grant and an additional death grant OR an additional death grant].

I can confirm that your application has now been approved for payment and a sum of £XXXX will be paid to you in your capacity as XXXX.

**[conditional text 1:** As [deceased person’s name] was over age 75 at date of death, HMRC rules confirm that any sums paid to you are liable for income tax using an emergency tax code. In the event of you paying too much tax, HMRC do have a mechanism in place for you to reclaim this – Further information will be supplied once the payment has been made.

**[conditional text 2:** As [deceased person’s name] died more than two years ago, HMRC rules confirm that any sums paid to you are liable for income tax using an emergency tax code. In the event of you paying too much tax, HMRC do have a mechanism in place for you to reclaim this – Further information will be supplied once the payment has been made.

To ensure that this monies can be paid to you promptly, we kindly request that you provide us with your bank details. Please complete the attached form and return it to us at your earliest convenience.

The information requested includes:  
\* Your full name  
\* Your bank account number  
\* Your bank sort code  
\* The name of your bank

If you have any questions or require further assistance, please do not hesitate to contact us on [phone number] or [email address].

Yours sincerely,  
[Attached: Bank details form]

**Bank Details Form**

**Beneficiary Details**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |
|  |
|  |
|  |

**Bank Account Details**

|  |  |
| --- | --- |
| Account Name: |  |
| Account Number: |  |
| Sort Code: |  |
| Bank Name: |  |
| Bank Address |  |
|  |
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|  |

**Declaration**  
I declare that the information given above is correct to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_