

**Assignment of Succession:
Inheritance Funds**

Form to be filled by the deceased or a representative thereof

Deceased Details

Name: _____

Last Address: _____

Date of Birth: _____

Date of Death: _____

Age at Time of Death: _____

Place of Death: _____

Cause of Death: _____

Agent/Handler Details

Name of Agent/Handler responsible for payment: _____

Contact Number: _____

Email Address: _____

Employer: _____

Inheritance Details

Total value of inheritance to be paid: _____

Bank/Institution currently holding fund: _____

Specify any conditions required before fund can be paid out: _____

Modality of payment

ATM Card Cash Digital Gift Card Wire Transfer

Applicable fees: _____

Signature

Signature: _____ Date: _____