

Case Number: _____

Letter of Instruction

Please complete all applicable fields—including required signatures—and return by one of the following methods:

Email: bankestateoperations@capitalone.com • **Fax:** 1-855-786-2690

All of the deceased's accounts will be settled by the issuance of a check in the name of the estate or beneficiaries on the account. Please provide a copy of your government-issued ID (e.g. driver's license).

Representative Information (required)

Your Name: _____

Your SSN: _____

Your Date of Birth: _____

Your Mailing Address (no P.O. Box): _____

Your Phone Number: _____

Your Email Address: _____

Your Relationship to Deceased Customer: Executor/Administrator of the Estate
 Designated Beneficiary/Named Heir on the Account(s)

Deceased Customer Information (required)

Deceased Customer's Name: _____

Deceased's SSN: _____

Deceased's Address (no P.O. Box): _____

Account Information

Please provide any known account numbers or types.

Notes

Please provide any additional information or requests here.

Signed: _____ **Date:** _____
(required)

Signed: _____ **Date:** _____
(co-executor, if applicable)