Details of the deceased

Please note! Fields marked with an asterisk (*) are required.

Principal (name of the deceased) * 's estate shareholders	
Deceased's personal identity code *	Date of death *

Details of the authorised representative

By law, information is required from all shareholders in an estate regarding the country or countries in which the shareholder is liable for tax. The information provided may be used and disclosed for the purposes of international tax reporting as required by law (e.g. FATCA and CRS/DAC2).

Name of authorised representative *		Personal identity code *
Authorised representative's address *		Telephone number *
Email *	Country of birth *	Country of residence *

The representative is a shareholder in the estate*

☐ Yes. The tax details below must be completed. ☐ No. Tax details are not required.

Tax details (the authorised representative is a shareholder in the estate) *

Country of tax residence * (the country in which the shareholder in the estate has a home, in which they live permanently and file a tax return).

Please note: The United States is your country of tax residence if any one of the following conditions is met: you were born in the United States, or you are a US citizen, or you live there, or alternatively, you are staying in the United States for more than six months, or you hold a valid residence or work permit for the United States. A US citizen is deemed to be resident for tax purposes in the United States, even if they do not live there.

☐ Finland

☐ Other country, please specify ______________

Foreign tax number ______________

☐ Other country, please specify ______________

Foreign tax number ______________

Tax liability to the United States *

I was born in the United States *	☐ No	☐ Yes
I live permanently in the United States *	☐ No	☐ Yes
I am a US citizen *	☐ No	☐ Yes
I am currently residing in the United States *	☐ No	☐ Yes

The total duration of my stay will be more than six months.
Note: the duration of the stay is not tied to the calendar year and does not need to be a single continuous period.

The authorised representative is entitled

For each authorisation, select either 'yes' or 'no'. A blank box is interpreted as a 'no' selection.

Yes	No	
☒		to update the estate's due diligence information (the bank is obliged to maintain due diligence information for estates as well).
☐	☐	to pay invoices, make bank transfers and withdraw funds from the estate's bank accounts.
☐	☐	to receive account statements and any notifications from the bank.
☐	☐	to obtain information on the deceased's deposit and book-entry accounts, fund units, loans, liabilities and collateral for any period they wish, including the period prior to the date of death.
☐	☐	to close and terminate the estate's accounts and to open new accounts in the estate's name.
☐	☐	to add and remove their own access rights to the estate's bank accounts, and to link the accounts so they can be viewed in their own Savings Bank online banking service.
☐	☐	to enter into and terminate banking service agreements relating to debit cards, online banking, payment services, direct debits, etc.
☐	☐	to enter into an investment services agreement with Savings Bank and to act as the estate's representative in investment advisory matters.
☐	☐	to give instructions regarding fund units and securities, and to open and terminate securities service agreements, fund savings agreements and private banking agreements.
☐	☐	to access the safe deposit box, collect its contents and terminate the safe deposit box agreement.
☐	☐	to collect documents held in document custody and to terminate the document custody agreement.
☐	☐	to agree on loans held with Savings Bank, their payment arrangements, instalment-free periods and repayment. This authorisation also applies to loans with Sp Mortgage Bank Plc and the Central Bank of Savings Banks Finland Plc.
☐	☐	to agree with Savings Bank on the collateral provided by the estate. This authorisation also applies to loans and collateral with Sp Mortgage Bank Plc.
☐	☐	to receive and acknowledge receipt of documents held by the bank relating to the estate's assets, such as a share certificate for a share in a housing company or a mortgage deed for a property. In addition, the authorised representative is entitled to sign registration applications relating to the estate's assets on behalf of the estate. This authorisation also applies to loans and collateral with Sp Mortgage Bank Plc.

The authorised representative is entitled

For each authorisation, select either 'yes' or 'no'. A blank box is interpreted as a 'no' selection.

Yes	No	
☐	☐	to issue an order for the bank to draw up an agreement on the partition and distribution of the estate, to authorise the bank to terminate services and accounts with other banks, to transfer funds and to receive documents.
☐	☐	to terminate and close other banking services relating to the estate, and to enter into other agreements with the bank on behalf of the estate.
☐	☐	to distribute and transfer the funds held in the estate's bank accounts to the beneficiaries on the basis of a written, legally binding agreement on the partition and distribution of the estate, a distribution agreement or a partial distribution agreement.
☐	☐	to claim insurance compensation for the estate from the death cover of the loan protection insurance, where the beneficiary of the insurance is the estate. Please also enter the loan number(s):
☐	☐	to claim insurance compensation from an endowment or pension insurance policy into the estate's account, where the beneficiary of the insurance is the estate. Please also enter the insurance policy number(s):
☐	☐	to terminate and redeem the following capitalisation contracts held with Fennia Life. Please also enter the contract number(s):
☐	☐	to submit a transfer request to Fennia Life for the transfer of the following capitalisation contracts to a shareholder in the estate designated by the authorised representative. Please also enter the contract number(s):
☐	☐	to carry out another action specified here on behalf of the estate.

If the estate includes shareholders who are minors or under guardianship, the distribution of the estate's assets requires an application for permission from the Digital and Population Data Services Agency. The shareholders in the estate who have signed this power of attorney shall be fully liable for any loss arising from the distribution of assets without the necessary permissions from the Digital and Population Data Services Agency.

Details and signatures of the principals

By law, information is required from all shareholders in an estate regarding the country or countries in which the shareholder is liable for tax. The information provided may be used and disclosed for the purposes of international tax reporting as required by law (e.g. FATCA and CRS/DAC2).

Place and date *		
Signature *		Personal identity code *
Printed name *		Telephone number *
Email address *	Country of birth *	Country of residence *

Tax details *
Country of tax residence * (the country in which the shareholder in the estate has a home, in which they live permanently and file a tax return).
Please note: The United States is your country of tax residence if any one of the following conditions is met: you were born in the United States, or you are a US citizen, or you live there, or alternatively, you are staying in the United States for more than six months, or you hold a valid residence or work permit for the United States. A US citizen is deemed to be resident for tax purposes in the United States, even if they do not live there.

☐ Finland

☐ Other country, please specify ______________

Foreign tax number ______________

☐ Other country, please specify ______________

Foreign tax number ______________

Tax liability to the United States *

I was born in the United States *	☐ No	☐ Yes
I live permanently in the United States *	☐ No	☐ Yes
I am a US citizen *	☐ No	☐ Yes
I am currently residing in the United States *	☐ No	☐ Yes

The total duration of my stay will be more than six months.
Note: the duration of the stay is not tied to the calendar year and does not need to be a single continuous period.

Place and date *		
Signature *		Personal identity code *
Printed name *		Telephone number *
Email address *	Country of birth *	Country of residence *

Tax details *
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Foreign tax number ______________

Tax liability to the United States *

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I live permanently in the United States *	☐ No	☐ Yes
I am a US citizen *	☐ No	☐ Yes
I am currently residing in the United States *	☐ No	☐ Yes

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Please remember to also submit the estate inventory and its attachments to the bank.
See the checklist of required documents at saastopankki.fi/kuolinpesa.

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Place and date *

Signature * | Personal identity code *

Printed name * | Telephone number *

Email address * | Country of birth * | Country of residence *

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  Foreign tax number ______
- ☐ Other country, please specify ______
  Foreign tax number ______

Tax liability to the United States *

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I live permanently in the United States * ☐ No ☐ Yes

I am a US citizen * ☐ No ☐ Yes

I am currently residing in the United States * ☐ No ☐ Yes

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Place and date *

Signature * | Personal identity code *

Printed name * | Telephone number *

Email address * | Country of birth * | Country of residence *

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I live permanently in the United States * ☐ No ☐ Yes

I am a US citizen * ☐ No ☐ Yes

I am currently residing in the United States * ☐ No ☐ Yes

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