



**Wise Bereavement Team - Authorisation Letter (Multiple Executors/Heirs)**

*Upon completion, please submit to: [bereavements@wise.com](mailto:bereavements@wise.com)*

**Full Name of the Deceased:** \_\_\_\_\_

Date of birth of the deceased (MM/DD/YYYY): \_\_\_\_\_

P-Reference / Membership/ Account Number (if known): \_\_\_\_\_

*This letter is completed and extended by the **authoriser(s)** (the executor(s)/personal representatives/legal heirs of the deceased's estate as appointed by a will or the applicable laws of intestacy) to empower a single executor/personal representative/legal heir to act on behalf of the aforementioned Authorisers(s) in the handling of the deceased's estate.*

**Details of Authoriser(s).**

**Please provide details of all executors appointed by the will or personal representatives / legal heirs in the absence of a will as established by local intestacy laws, including the one being authorised to act on behalf of the other through this form:**

➤ Executor / Next of kin

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (incl. country): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to the deceased (for personal representatives/legal heirs only):

\_\_\_\_\_



➤ Executor / Next of kin

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (incl. country): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to the deceased (for personal representatives/legal heirs only):

\_\_\_\_\_

➤ Executor / Next of kin

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (incl. country): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to the deceased (for personal representatives/legal heirs only):

\_\_\_\_\_

➤ Executor / Next of kin

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address (incl. country): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to the deceased (for personal representatives/legal heirs only):

\_\_\_\_\_



**Authorisation**

We (All executors or legal next of kin) \_\_\_\_\_  
\_\_\_\_\_, as representatives of the estate of the deceased, hereby  
authorise (one among them to be authorised) \_\_\_\_\_  
to act on our behalf in the handling of the Estate of (the deceased) \_\_\_\_\_  
\_\_\_\_\_ and the information related to it.

We authorise Wise to issue a single refund to the authorised executor/legal heir for all the funds to be further divided as per the established will or, in the absence of one, the local laws of intestacy.

We grant this authorisation of my/our own free will and make use of my/our power as **representative of the estate**. I/We understand that Wise will continue to exercise their privacy and security policies when addressing this with the authorised party.

Name of Executor/Next of Kin: _____ Signature: _____ Date: _____	Name of Executor/Next of Kin: _____ Signature: _____ Date: _____
Name of Executor/Next of Kin: _____ Signature: _____ Date: _____	Name of Executor/Next of Kin: _____ Signature: _____ Date: _____