

<b>Estate</b>	Name of the deceased _____	Personal identification number _____
<b>New address for the estate</b>		
<b>Obligatory authorisation documents</b>	Authenticated copies of all authorisation documents are to be attached.	

### 1. FUNDS

<b>Sale</b>	<input type="checkbox"/> All <input type="checkbox"/> Specified _____
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<b>Transfer of funds</b>	<input type="checkbox"/> All funds (specify the recipient's details below)		<input type="checkbox"/> Transfer of funds in accordance to attached authenticated distribution of estate document		
	<input type="checkbox"/> Transfer of funds in accordance to details below				
	Name of the recipient	Personal identification number	Fund account in Swedbank/Sparbank	Name of Fund	Quantity

### 2. SECURITIES

<b>Sale</b>	<input type="checkbox"/> All <input type="checkbox"/> Specified _____
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<b>Transfer of securities</b>	<input type="checkbox"/> All securities (specify the recipient's details below)		<input type="checkbox"/> Transfer of funds in accordance to attached authenticated distribution of estate document		
	<input type="checkbox"/> Transfer of funds in accordance to details below				
	Name of the recipient	Personal identification number	Securities account + bank	Name of Security	Quantity

### 3. PREMIUM BONDS

<b>Sale</b>	<input type="checkbox"/> All <input type="checkbox"/> Specified _____
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<b>Transfer of premium bonds</b>	Name of the recipient	Personal identification number	Securities account + bank	Year + Loan	Series	Order nr	Quantity

### 4. INVESTMENT SAVINGS ACCOUNT - ISK

<b>ISK</b>	<input type="checkbox"/> Close (The holding of funds and securities are sold)
	<input type="checkbox"/> Transfer, attach "Transfer of ISK" (page 3)

## 5. BANK ACCOUNT

<b>Close accounts</b>	<input type="checkbox"/> All	<input type="checkbox"/> Specified _____
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**Please note!** If a bank book is connected to an account that account must be closed at a Swedbank branch office.

<b>Transfer of liquid assets</b>	<input type="checkbox"/> Transfer of funds in accordance to details below				
	<input type="checkbox"/> Transfer of funds in accordance to attached authenticated distribution of estate document				
	Name of the recipient	Personal identification number	Clearing number	Account number	Share or %-share

<b>Specific information</b>	
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<b>Contact for the estate</b>	Name	Phone number (including area code)
	Address	

<b>Signatures (obligatory)</b>	<b>Please note!</b> The form should always be signed. The form has to be signed in accordance to attached authorization documents.		
	Date	Signature	Printed name
			Phone number
	Date	Signature	Printed name
			Phone number
	Date	Signature	Printed name
			Phone number
	Date	Signature	Printed name
			Phone number

Telephone number: 08-5859 8234  
 Swedbank Arvskifte  
 FE 930  
 107 77 Stockholm

**4a. FUNDS**

<b>Sale</b>	<input type="checkbox"/> All	<input type="checkbox"/> Specified _____
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<b>Transfer of funds</b>	<input type="checkbox"/> All funds (specify the recipient's details below)				
	<input type="checkbox"/> Transfer of funds in accordance to details below				
	Name of the recipient	Personal identification number	ISK-fund account in Swedbank	Name of Fund	Share or %share

**4b. SECURITIES**

<b>Sale</b>	<input type="checkbox"/> All	<input type="checkbox"/> Specified _____
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<b>Transfer of securities</b>	<input type="checkbox"/> All securities (specify the recipient's details below)				
	<input type="checkbox"/> Transfer of funds in accordance to details below				
	Name of the recipient	Personal identification number	ISK-securities account in Swedbank	Name of Security	Quantity

**4c. LIQUID ASSETS**

<b>Transfer of liquid assets</b>	<input type="checkbox"/> Transfer of all liquid assets (specify the recipient's details below)			
	<input type="checkbox"/> Transfer of liquid assets in accordance to details below			
	Name of the recipient	Personal identification number	ISK-account number	Share or %share

**4d. CLOSE ACCOUNT**

<b>Close ISK-account</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No