NZ Funds KiwiSaver Scheme

Application for Withdrawal on Death
No Probate or Letters of Administration Granted

Use this form to apply for a withdrawal of a death benefit where no probate of will or letters of administration have been granted.

We will also require you to complete an identity verification form, AML Form for an Individual (Form 1), which is available on our website www.nzfunds.co.nz > KiwiSaver > Documents > Member Forms.

Return to NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@cm.mpms.mufg.com.

1. Applicant details

Name

Title | First name | Middle name(s) | Surname

Residential address (not PO Box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

2. Deceased Member's details

Member number

N Z F

IRD number

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

3. Bank account details

Please pay the withdrawal proceeds to the account below.

Bank account name

Bank | Branch

Bank | Branch | Account | Suffix

Please attach a copy of a pre-printed bank deposit slip showing the bank account you would like the funds deposited into.

4. Statutory declaration

Name

I, solemnly and sincerely declare that:

1. My relationship with the deceased was

2. Probate or Letters of Administration of the deceased's estate have not and will not be applied for in New Zealand.

3. To the best of my knowledge, the deceased member:

☐ **had their principal place of residence in New Zealand for the entire period that they have been a member of KiwiSaver,**

OR

☐ **was living overseas for the following period:**

Day | Month | Year and Day | Month | Year

and I understand does not qualify to be paid the member tax credits for this period.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

4. I agree to release, discharge and indemnify the Manager and the Trustee(s) against any claim that may be made against them in connection with the payment of the death benefit paid to me from the Scheme in respect of deceased member named in this application.

Signature

Signature of applicant | Day | Month | Year

Declared at (location)

Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration

Insert stamp here

5. Checklist

I have:

- ☐ **completed Sections 1, 2, 3 and 4, and**
- ☐ **signed and dated Section 4: Statutory Declaration, and**
- ☐ **had Section 4 duly authorised.**

I attach:

- ☐ **a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made.**
  Payments will only be made to a third party with the provision of additional information. Please contact us if a third party payment is required.
- ☐ **a certified copy of the Death Certificate.**
- ☐ **evidence of my relationship to the deceased (ie, Marriage/Birth Certificate).**

The information in this form is being collected for the purpose of effectively managing the deceased member's NZ Funds KiwiSaver Scheme account and it will be held by NZ Funds. It may be disclosed to third parties to the extent that is necessary to administer the deceased member's withdrawal from the NZ Funds KiwiSaver Scheme. You can ask to see the personal information that NZ Funds holds about you by calling us on 0800 NZF KIWI (693 5494).