

Important information

Use this form to apply for the withdrawal of a deceased BNZ KiwiSaver Scheme (BNZ KiwiSaver) member's investment if you are the Personal Representative(s), relevant person(s) under section 65 of the Administration Act 1969, or a Lawyer acting on behalf of a deceased BNZ KiwiSaver member.

Balance over \$15,000

This form should be completed by all of the deceased's Personal Representatives, being either:

- where the deceased left a will, the person(s) who has been granted Probate; or
- where the deceased did not leave a will, the person(s) who has been granted Letters of Administration.

Balance under \$15,000 and claimant(s) under section 65 of the Administration Act 1969

Where Probate/Letters of Administration are not required to be applied for, and will not be applied for, and if the value of the deceased member's investment is less than \$15,000, any of the persons below may be entitled to complete this form.

- Wife, Husband, Civil Union partner or De facto partner
- Child
- Person beneficially entitled to the estate in the will or on intestacy
- Person entitled to obtain administration of the estate in New Zealand
- Person related by blood, marriage or civil union to the deceased who undertakes to maintain the children (who are minors) of that person
- Person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors.

Checklist

Before returning this form, please complete the appropriate sections of the form, including the statutory declaration and provide:

- a certified copy of the Death Certificate or Medical Cause of Death Certificate
- a certified copy of Probate or Letters of Administration
- a bank deposit slip for the account to be credited
- certified copies of driver licence or passport showing the signature for each Personal Representative and a bank statement dated within the previous 12 months for each Personal Representative.

Balances under \$15,000 and claim being made under section 65 of the Administration Act 1969 - please make sure that you complete sections 1 and 3 to 6 of this form and provide:

- a certified copy of the Death Certificate or Medical Cause of Death Certificate
- a certified copy of the Will (if the deceased left a Will)
- a certified copy of evidence of the relationship to the deceased e.g. Marriage/Birth Certificate
- a bank deposit slip for the account to be credited
- certified copies of driver licence or passport showing the signature for each claimant and a bank statement dated within the previous 12 months for each claimant.

Please note:

- Copies of documents must be certified as true copies by a Justice of the Peace, Solicitor, Notary Public or another person authorised to take a statutory declaration. For more information please visit bnz.co.nz/identification
- The statutory declaration must be made in front of a Justice of the Peace, Solicitor, Notary Public or another person authorised to take statutory declarations under the Oaths and Declarations Act 1957.
- Where there are more than two Personal Representatives or relevant persons, please complete and attach an additional Deceased Estate Withdrawal Application form.
- Attach extra pages where the form does not provide enough space.

If you need help completing this form please call 0800 269 5494.

1. Deceased's personal details

BNZ KiwiSaver account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account number	Suffix

Mr
 Mrs
 Ms
 Miss
 Other (please specify)

Name

First
 Last

Date of birth

IRD number

Postal address

Street address
 Suburb
 Town/City Postcode
 Country

2. Details of Personal Representatives

1. Representative

Mr
 Mrs
 Ms
 Miss
 Other (please specify)

Name

First
 Last

Postal address

Street address
 Suburb
 Town/City Postcode
 Country

Contact details

Phone
 Email

2. Representative

Mr
 Mrs
 Ms
 Miss
 Other (please specify)

Name

First
 Last

Postal address

Street address
 Suburb
 Town/City Postcode
 Country

Contact details

Phone
 Email

3. Claimants' details (for balances under \$15,000)

1. Claimant

Mr Mrs Ms Miss Other (please specify)

Name

First
Last

Relationship to the deceased

Postal address

Street address
Suburb
Town/City Postcode
Country

Contact details

Phone
Email

2. Claimant

Mr Mrs Ms Miss Other (please specify)

Name

First
Last

Relationship to the deceased

Postal address

Street address
Suburb
Town/City Postcode
Country

Contact details

Phone
Email

4. Payment details

Please note:

- Any withdrawal payments will only be paid in New Zealand dollars to a New Zealand bank account.
- Upon receipt of the deceased member's KiwiSaver investment, you are legally required to apply the money towards the administration of the deceased member's estate.
- Remember to cancel direct debits or automatic payments to the deceased's investment.
- The withdrawal amount will be adjusted for any tax arising as a result of the withdrawal request.
- The withdrawal will be processed at the unit price(s) applying on the business day after your request is approved or accepted.

Claimant 1: Bank account name

Claimant name

Account details

Bank Branch Account number Suffix

Particulars to appear on statement

Code and reference

Please provide a pre-printed deposit slip if it's not a BNZ account.

Claimant 2: Bank account name

Claimant name

Account details

Bank Branch Account number Suffix

Particulars to appear on statement

Code and reference

Please provide a pre-printed deposit slip if it's not a BNZ account.

5. Personal Information Notice

To offer and/or provide you with products or services we need to collect, use and disclose your personal information in accordance with BNZISL's Privacy Policy and BNZ's Master Privacy Policy. The privacy policies set out the purpose of this collection, details of how the information may be used or disclosed, your rights to that information (such as access and correction), BNZISL and BNZ's legal obligations and the consequences of not providing the information. These privacy policies are available on the BNZ website or you can ask BNZ for a copy.

For this specific product, your personal information will be used and shared for the purposes of:

- operating, administering, and managing BNZ KiwiSaver
- complying with legal obligations.

Third parties your information may be shared with include:

- the Supervisor of BNZ KiwiSaver
- BNZ and members of the National Australia Bank group of companies
- FirstCape group companies
- Inland Revenue
- Financial Markets Authority.

6. Statutory declaration

Please don't sign this section in advance. It must be signed in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take an oath or declaration in accordance with section 9 (for declarations made in New Zealand) or section 11 (for declarations made outside New Zealand) of the Oaths and Declarations Act 1957.

1. Personal Representative / Claimant

I, Name ,
of Residential address
,
Occupation

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information provided in (or in connection with) this form is true and correct.
- I will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.
- I declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined KiwiSaver was in New Zealand or that I have listed below the specific periods for which the deceased did not reside principally in New Zealand since becoming a KiwiSaver member.

- I acknowledge that BNZ, the Supervisor and the Manager of BNZ KiwiSaver will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
- I understand that the withdrawal value will be based upon the unit price(s) applying on the business day after my request is approved or accepted and that fees, taxes and expenses may be deducted.

- I understand that by completing this form I will be providing personal information about me which will be held in accordance with section 5 above. I have the right to access and correct this information subject to the provisions of the Privacy Act 2020.

Balances under \$15,000 and claim being under section 65 of the Administration Act 1969 (where applicable)

- I further declare that the deceased (select one)
 - left a Will, and Probate has not and will not be applied for; or
 - did not leave a Will, and Letters of Administration have not and will not be applied for.

- My relationship to the deceased was

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

Signature

Declared at

Location

on Date

Before me: (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957)

Name

Occupation

Signature

2. Personal Representative / Claimant

I, Name

of Residential address

Occupation

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information provided in (or in connection with) this form is true and correct.
- I will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.
- I declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined KiwiSaver was in New Zealand or that I have listed below the specific periods for which the deceased did not reside principally in New Zealand since becoming a KiwiSaver member.

- I acknowledge that BNZ, the Supervisor and the Manager of BNZ KiwiSaver will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
- I understand that the withdrawal value will be based upon the unit price(s) applying on the business day after my request is approved or accepted and that fees, taxes and expenses may be deducted.
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- My relationship to the deceased was

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

Signature

Declared at

Location

on Date

Before me: (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957)

Name

Occupation

Signature

To submit your application, please do one of the following:

- Email this form and all supporting documents to kiwisaver_support_team@bnz.co.nz
- Drop this form and all supporting documents into any BNZ branch
- Post this form and all supporting documents to:
FreePost BNZ KiwiSaver Scheme
Private Bag 92208,
Auckland 1142
- Courier this form and all supporting documents to:
BNZ KiwiSaver Scheme
Level 4, Deloitte Centre
80 Queen Street
Auckland 1010