

Deceased Member Withdrawal

Apr 2022 – DMW0422V1



Acceptance of a withdrawal request is at the discretion of the Manager.

Who should complete this form?

Please use this form to apply for the withdrawal of a deceased KiwiWRAP KiwiSaver Scheme member's accumulation if you are the personal representative(s) or relevant person(s) under section 65 of the Administration Act 1969 (Claimants) in respect of that Scheme 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)

Please note that 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 account 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 custody and control of the children of the deceased (who are minors)

Please note that the Manager will adjust your withdrawal amount for any tax liability which arises as a result of the withdrawal.

01 Details of deceased member

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
IRD number	KiwiWRAP KiwiSaver Scheme account number	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	C N Z <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address		
<input type="text"/>		
Town/City	Post code	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>

02 Personal Representative/Claimant details

Personal Representative/Claimant 1

First name(s)

Surname

Email address

Phone

Postal address

Post code

Personal Representative/Claimant 2

First name(s)

Surname

Email address

Phone

Postal address

Post code

03 Deceased member withdrawal request & signature(s)

We will only make payments in New Zealand dollars to a New Zealand bank account in your name(s) individually or jointly, or in the name of the deceased's estate.

Where the funds are to be paid to more than one bank account, please describe below how the funds are to be apportioned to those accounts:

I/we request a withdrawal from the KiwiWRAP KiwiSaver Scheme account of the Member named in **Section 01 Details of a deceased member**. Please pay the withdrawal to the following accounts:

Personal Representative/Claimant 1

Account name

Bank name

Account number

Please attach a copy of a bank statement, internet banking screenshot or over the counter receipt with a teller's stamp showing the bank account you would like the withdrawal deposited in. The proof of bank account must contain the account name, number and the logo of the bank.

Personal Representative/Claimant signature

Date

Personal Representative/Claimant 2

Account name

Bank name

Account number

Please attach a copy of a bank statement, internet banking screenshot or over the counter receipt with a teller's stamp showing the bank account you would like the withdrawal deposited in. The proof of bank account must contain the account name, number and the logo of the bank.

Personal Representative/Claimant signature

Date

04 Statutory declaration

A statutory declaration is a written statement that allows a person to declare something to be true. This page must be completed in front of an authorised person who will witness the declaration.

Who can witness me making the declaration?

The following people can witness you making the declaration:

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the High Court
- Registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- Any other person authorised by law to take statutory declarations

Personal Representative/Claimant 1

I, (full name)

Occupation

of (address)

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 declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined a KiwiSaver scheme was in New Zealand.

Or

- I confirm to the best of my knowledge and belief, that for the period the deceased had been a member of KiwiSaver, their principal place of residence was New Zealand, except for the periods:

FROM

TO

FROM

TO

Note: Do not include periods that the Member was overseas on holiday if NZ was still the Member's principal place of residence.

- I acknowledge that I am not eligible to withdraw all of the government contributions the deceased member received during their membership, unless the member lived in New Zealand over that time.

- I acknowledge that if the member lived overseas any time during their membership and did not have permanent residence in New Zealand, Inland Revenue may need to claim back some of the government contributions the deceased member received.

Note: As an exception to this rule, please note that if the deceased member was working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, they were eligible for government contributions, which you can withdraw. If this applies, please provide evidence with your application, such as a letter on the deceased member’s employer’s letterhead confirming the period they were employed.

- I understand that acceptance of my application is at the Manager’s discretion.
- My receipt of payment of the deceased member’s KiwiSaver account balance will be a complete discharge to you, and I release all claims that have been made or may be made on the Manager and the Supervisor in respect of the deceased member’s membership of the scheme.
- I acknowledge that the Manager and Supervisor 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 will apply the proceeds from the withdrawal in the course of the administration of the deceased member’s estate as the law requires.
- I understand that the information being supplied with this application will be held by the Manager to enable administration of the deceased member’s KiwiSaver account balance.
- I understand that the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or a reliable, independent source.
- I have read Consilium’s privacy statement found at <https://www.consilium.co.nz/privacy-policy>.
- I understand that the withdrawal value will or might fluctuate based upon the price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from the KiwiSaver account balance.
- I understand that the Manager will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- I understand that the Manager may request additional information from me relating to this application.

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.
- I am a person entitled to apply for probate or letters of administration (if applicable).

Please state your relationship with the deceased member:

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

Declared at <i>(place)</i>	this date
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 15%; height: 15px;" type="text"/> / <input style="width: 15%; height: 15px;" type="text"/> / <input style="width: 15%; height: 15px;" type="text"/>

Personal Representative/Claimant signature

Before me (JP, solicitor, Notary Public or other person authorised to take statutory declarations, such as registrar or deputy registrar of the Supreme Court, High Court or of any District Court or Court of Appeal).

Name	of city <i>(where signing)</i>
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
Witness signature	Occupation
<input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 95%; height: 15px;" type="text"/>
	Date
	<input style="width: 15%; height: 15px;" type="text"/> / <input style="width: 15%; height: 15px;" type="text"/> / <input style="width: 15%; height: 15px;" type="text"/>

Personal Representative/Claimant 2

I, (full name)

Occupation

of (address)

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 declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined a KiwiSaver scheme was in New Zealand.

Or

- I confirm to the best of my knowledge and belief, that for the period the deceased had been a member of KiwiSaver, their principal place of residence was New Zealand, except for the periods:

FROM	TO	FROM	TO
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

Note: Do not include periods that the Member was overseas on holiday if NZ was still the Member's principal place of residence.

- I acknowledge that I am not eligible to withdraw all of the government contributions the deceased member received during their membership, unless the member lived in New Zealand over that time.
- I acknowledge that if the member lived overseas any time during their membership and did not have permanent residence in New Zealand, Inland Revenue may need to claim back some of the government contributions the deceased member received.

Note: As an exception to this rule, please note that if the deceased member was working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, they were eligible for government contributions, which you can withdraw. If this applies, please provide evidence with your application, such as a letter on the deceased member's employer's letterhead confirming the period they were employed.

- I understand that acceptance of my application is at the Manager's discretion.
- My receipt of payment of the deceased member's KiwiSaver account balance will be a complete discharge to you, and I release all claims that have been made or may be made on the Manager and the Supervisor in respect of the deceased member's membership of the scheme.
- I acknowledge that the Manager and Supervisor 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 will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.
- I understand that the information being supplied with this application will be held by the Manager to enable administration of the deceased member's KiwiSaver account balance.
- I understand that the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or a reliable, independent source.
- I have read Consilium's privacy statement found at <https://www.consilium.co.nz/privacy-policy>.
- I understand that the withdrawal value will or might fluctuate based upon the price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from the KiwiSaver account balance.
- I understand that the Manager will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- I understand that the Manager may request additional information from me relating to this application.

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.
- I am a person entitled to apply for probate or letters of administration (if applicable).

Please state your relationship with the deceased member:

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

Declared at *(place)*

this date

Personal Representative/Claimant signature

Before me (JP, solicitor, Notary Public or other person authorised to take statutory declarations, such as registrar or deputy registrar of the Supreme Court, High Court or of any District Court or Court of Appeal).

Name

of city *(where signing)*

Witness signature

Occupation

Date

05 Documentation

The following documentation needs to be provided with the withdrawal form:

Personal Representatives:

- Death certificate; and
- Probate or letters of administration; and
- Identity documents for each executor/administrator; and
- Proof of address for each executor/administrator; and
- Proof of the bank account(s) nominated on the form.

Balances under \$15,000 and claim being made under section 65 of the Administration Act 1969 (Claimants):

- Death certificate; and
- Will (if the deceased left a will); and
- Evidence of the relationship to the deceased (e.g. marriage certificate, birth certificate); and
- Identity documents for each Claimant; and
- Proof of address for each Claimant; and
- Proof of the bank account(s) nominated on the form.

All documents must either be verified by the financial adviser or certified by a trusted referee (Justice of the Peace, solicitor, Notary Public or another person authorised to take a statutory declaration).

In both cases, the financial adviser or trusted referee must sight each original document and provide a written statement to the effect that the copy provided is a true and correct copy and, in the case of an identity document, that it represents a true likeness of the individual's identity. The statement must also include their name, signature and the date of the statement. In addition, a trusted referee must specify their capacity to act as a trusted referee.

The verification or certification cannot be more than 3 months old.

Acceptable identity documents:

- Current NZ or foreign passport; or
- Current NZ driver licence, together with a bank statement not more than 12 months old in the name of the Personal Representative/Claimant.

Acceptable proof of address (must include physical address and not be more than 12 months old):

- Bank statement; or
- Utility bill (power, gas, water, internet, landline phone bill); or
- Rates bill.

06 Checklist

I have:

- Signed and dated the form.
- Completed the statutory declaration.
- Attached a pre printed bank deposit slip, internet banking screenshot or bank statement showing the account name(s) and number(s) where the payment should be deposited.
- Attached the required documentation set out in **Section 05 Documentation** of this form.

07 Additional information

NEXT STEP Please send your completed application by email or post to: info@kiwiwrap.co.nz or **PO Box 1106 Christchurch 8140**