

QuayStreet KiwiSaver Scheme

Withdrawal Request - Deceased Member

WHERE TO SEND YOUR COMPLETED WITHDRAWAL FORM

Please either deliver your completed withdrawal form to the nearest Craigs Investment Partners branch, or post it to:

QuayStreet KiwiSaver Support
PO Box 13155, Tauranga 3141.
Phone: 0800 878 278
Email: clientservices@craigsip.com

CERTIFIED COPY

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceeding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

This form must be completed by the deceased's Personal Representatives or a solicitor acting on their behalf.

Form Checklist

Balances under \$15,000 and claims being made under section 65, Administration Act 1969:

- A **certified copy** of the Death Certificate.
- A **certified copy** of the Will (if the deceased left a Will).
- A pre-encoded deposit slip or certified verification for the bank account the funds are to be credited to in the name of the member's estate, personal representative(s) or solicitor's trust account.
- Evidence of the relationship to the deceased (Marriage/Birth Certificate).
- A certified copy of a current passport, or drivers licence, which includes a signature, for each claimant.

Balances over \$15,000

- A **certified copy** of Probate or Letters of Administration.
- A pre-encoded deposit slip or certified verification for the bank account the funds are to be credited to in the name of the member's estate, personal representative(s) or solicitor's trust account.
- A **certified copy** of a current passport, or drivers licence, which includes a signature, for each claimant.

A Deceased member's personal details

Scheme Account Number

Title *please select one*

- Mr Mrs Miss Ms Dr Other _____

Estate of Full Name *first, middle and last name*

Mailing Address

Post code | | | | |

Date of Birth

IRD Number

B Details of Personal Representatives

B1 Acting Solicitor or First Representative

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Address

_____ Post code | | | | |

Contact Phone _____

Email _____

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | |

Occupation _____

B2 Second Representative

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Address

_____ Post code | | | | |

Contact Phone _____

Email _____

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | |

Occupation _____

B3 Third Representative

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Address

_____ Post code | | | | |

Contact Phone _____

Email _____

Date of Birth | D | D | | M | M | | Y | Y | Y | Y | |

Occupation _____

C Withdrawal Request

Full withdrawal

Payment Details

I/We request that the proceeds of this withdrawal be credited to the following bank account:

Name of bank _____

Name of account _____

Account details | | | | | | | | | | | | | | | | | | | | | |

BANK BRANCH ACCOUNT NUMBER SUFFIX

Please provide a pre-encoded deposit slip, copy of bank statement or certified verification of an account in the name of the member's estate, personal representative(s) or Solicitor's trust Account.

D Statutory Declaration

This section must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take a statutory declaration such as a Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament.

I/we, *full name(s)*

of, *mailing address*

Post code | | | | |

Occupation

Solemnly and sincerely declare that:

1. All information provided is complete, true and accurate.
2. The member was not an undischarged bankrupt or incapable of managing their financial affairs and that I/we am/are properly entitled to any payment made pursuant to the Withdrawal Application and that no other person has any claim against it.
3. I/we understand that this withdrawal and any subsequent withdrawals are, at the discretion of the Manager and/or Supervisor and that a withdrawal fee may be charged.
4. I/we indemnify the Supervisor, the Manager and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability in respect of this KiwiSaver account and any withdrawal.
5. I/we understand that the information supplied in this withdrawal request will be used to process this redemption and will be held by QuayStreet Asset Management Limited (and any companies in its group). I/we consent to the deceased member's and our personal information being disclosed to an Investment Adviser(s), and administrator, auditor, tax adviser, the supervisor, custodian, adviser or agent, and the IRD or third parties as required to process this redemption or in accordance with the law. I/we agree that additional information may be sought from the deceased member's solicitor. I/we understand that I/we may request to see, and if necessary, request the correction of our personal information.
6. I/we understand that where the deceased member's principal place of residence has not been in New Zealand, I/we am/are not entitled to Government Contributions during that period and these will be returned to Inland Revenue.

Please tick the statement that applies:

During his/her entire KiwiSaver membership, the members' principal place of residence was New Zealand.

OR

During his/her KiwiSaver membership, for a period of time the member was living/working outside New Zealand.

The member was a government employee who was serving outside of New Zealand for the below period. **Provide evidence with this withdrawal form and specify the dates below.**



The member was working as a volunteer, or for a token payment, for a charitable organisation which is named and meets the requirements set out in the Student Loan Schemes Act 1992.

Provide proof that the voluntary work was for one of the following reasons and specify the dates below:



To relieve poverty, hunger, sickness or the ravages of war or a natural disaster; **or**

To improve the economy of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance; **or**

To raise the education standards of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance.

Other _____

Please specify below the period the member was living/working outside New Zealand:

Period from | D | D | M | M | Y | Y | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y | Y | Y |

Period from | D | D | M | M | Y | Y | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y | Y | Y |

Period from | D | D | M | M | Y | Y | Y | Y | Y | Y | To | D | D | M | M | Y | Y | Y | Y | Y | Y |

I/we confirm that to the best of my/our knowledge for all other periods the deceased member's principal place of residence was in New Zealand.

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

For accounts with balances under \$15,000 only

The deceased member died intestate and I am the person/one of the the people entitled to take out The Letters of Administration in his/her estate and I do not intend to apply for Letter of Administration.

OR

The deceased member left a will, a copy of which is attached inder which I/we am/are appointed as an/the executor(s) and I/we do not intend to apply for probate.

I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased life in terms of section 65 of The Administration Act 1969 and I/we will if called upon indemnity Craigs Investment Partners Superannuation Management Limited and the supervisor and any of their respective related companies for any loss it may incur through paying the proceeds to me/us.

D1 Acting Solicitor or First Representative

Name

Declared at *location*

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Before me please print your name and occupation, being a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957

Name

Occupation

Signature

Date | D | D | M | M | Y | Y | Y | Y |

D2 Second Representative

Name

Declared at *location*

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Before me please print your name and occupation, being a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957

Name

Occupation

Signature

Date | D | D | M | M | Y | Y | Y | Y |

D3 Third Representative

Name

Declared at *location*

Signature

Date | D | D | M | M | Y | Y | Y | Y |

D6

Before me *please print your name and occupation, being a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957*

Name

Occupation

Signature

_____ Date | D | D | M | M | Y | Y | Y | Y |