Anglican Financial Care
Te Maru Mihinare

The Retire Fund

Death withdrawal

Please email to admin@angfincare.nz or post to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144

If you have any questions about the process or need help to complete this form, you can contact us by phone at 04 473 9369 or email us at admin@angfincare.nz

Before you get started

Executors and Administrators

This form must be completed by all of the deceased member's Personal Representatives or if applicable the lawyer acting on behalf of a Personal Representative.

A Personal Representative means:

- Where the deceased member left a will, a person who has been granted Probate; or
- Where the deceased member did not leave a Will, a person who has been granted Letters of Administration.

Balance $40,000 or less and claimant's under section 65, Administration Act 1969

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 amount available for withdrawal is $40,000 or less, any of the following persons ("Claimants") can complete this form:

- the surviving spouse, civil union partner, de facto partner or children of the deceased member;
- the persons beneficially entitled to estate under the Will or on intestacy;
- any person appearing to be entitled to obtain administration of estate in New Zealand;
- any person related by blood, marriage or civil union to the deceased who undertakes to maintain the children of that person who are minors;
- any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased who are minors.

Procedure for completing this form

1. **Complete all sections of the form**

2. **Attach**:

   - a certified copy of the **Death Certificate**; and either
   - where the deceased left a Will - a **certified copy*** of both the Will and of the grant of Probate (if applicable), or
   - where the deceased did not leave a Will - a **certified copy*** of the **Letters of Administration**),

   * Copies of documents must be certified as true copies . Refer to 'Verifying your identity Guide' to see who can certify documents.

   - **All Personal Representative(s) or a Lawyer acting on behalf of a Personal Representative must verify their identity and residential address.** Please see the 'Confirmation of Identity Guide'.

3. **Return** the completed form and required documents to Anglican Financial Care:

Email:	**Post:**	**Courier:**
admin@angfincare.nz	Anglican Financial Care PO Box 12 287 Thorndon Wellington 6144	Anglican Financial Care First floor 32 Mulgrave Street Thorndon Wellington

1. Deceased member's details

Title

First name

Middle name(s)

Surname

Date of birth

D D M M Y Y Y Y

Date of death

D D M M Y Y Y Y

2. Payment details

Please pay the death benefit withdrawal amount to the following bank account as detailed below:

Name of bank account - **Please provide proof of your bank account name and number by attaching a deposit slip or bank statement**

Account details

Bank | Branch | Account (0) | Suffix

3. Claimant(s) / Personal Representative's details

Claimant 1

Title

First name

Middle name(s)

Surname

Phone — Daytime (0)

Email address

Postal address — Number / Street / PO Box

Suburb / City

Postcode

Claimant 2

Title

First name

Middle name(s)

Surname

Phone — Daytime (0)

Email address

Postal address — Number / Street / PO Box

Suburb / City

Postcode

4. Confirming all personal representatives identity and address - including the lawyer acting on behalf of the estate

All of the copies of your identity documents must be certified. For a complete list of who can certify documents in NZ please refer to our 'Verifying your Identity Guide'.

When confirming your identity please provide photocopies of the appropriate pages containing name, date of birth, photograph and signature where applicable.

Claimant 1

A Confirm your identity by providing:

OPTION 1 - A certified copy of ONE of:

- ☐ A NZ / overseas passport
- ☐ A NZ firearms licence
- ☐ An overseas government national identity card

OR OPTION 2 - A certified copy of ONE of: + A certified copy of ONE of:

- ☐ A NZ / international driver's licence
- ☐ An 18+ card
- ☐ A NZ / overseas full birth certificate; or
- ☐ A NZ / overseas citizenship certificate

OR OPTION 3 - A certified copy of: + A certified copy of ONE of:

- ☐ A NZ driver's licence
- ☐ A credit card, debit cared issued by a NZ bank with the name and signature on the card; or
- ☐ A bank statement issued by a NZ bank in the previous 12 months; or
- ☐ A document or statement issued by Inland Revenue or another Government department in the previous 12 months; or
- ☐ SuperGold card

B Confirm your residential address by providing a copy of one of the following (can't be more than 6 months old):

- ☐ Bank statement
- ☐ Utility bill
- ☐ Rates notification
- ☐ Tenancy agreement
- ☐ Any New Zealand Government Department document or statement; (e.g. Inland Revenue, NZTA, Electoral Office)

If you do not have any of these documents, please contact us for alternatives.

Claimant 2

A Confirm your identity by providing:

OPTION 1 - A certified copy of ONE of:

- ☐ A NZ / overseas passport
- ☐ A NZ firearms licence
- ☐ An overseas government national identity card

OR OPTION 2 - A certified copy of ONE of: + A certified copy of ONE of:

- ☐ A NZ / international driver's licence
- ☐ An 18+ card
- ☐ A NZ / overseas full birth certificate; or
- ☐ A NZ / overseas citizenship certificate

OR OPTION 3 - A certified copy of: + A certified copy of ONE of:

- ☐ A NZ driver's licence
- ☐ A credit card, debit cared issued by a NZ bank with the name and signature on the card; or
- ☐ A bank statement issued by a NZ bank in the previous 12 months; or
- ☐ A document or statement issued by Inland Revenue or another Government department in the previous 12 months; or
- ☐ SuperGold card

B Confirm your residential address by providing a copy of one of the following (can't be more than 6 months old):

- ☐ Bank statement
- ☐ Utility bill
- ☐ Rates notification
- ☐ Tenancy agreement
- ☐ Any New Zealand Government Department document or statement; (e.g. Inland Revenue, NZTA, Electoral Office)

If you do not have any of these documents, please contact us for alternatives.

5. Declaration

I, Full name of Claimant 1

of Address

Occupation

I, Full name of Claimant 2

of Address

Occupation

Solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

1. I am entitled to make this claim.

2. By receiving payment of the death benefit due to the deceased member, I release all claims that have been made or may be made on The Retire Fund and/or its Trustee.

3. I acknowledge that the Manager and Trustee of The Retire Fund will rely on information provided in and with this application and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses which may arise directly or indirectly as a result of any information provided being untrue or misleading.

4. I will apply all proceeds of the deceased member's Retire Fund account towards the administration of the deceased member's Estate as the law requires.

5. I understand that the personal information provided in this form, or in future, about me or the deceased member, will be collected and held by the Scheme manager for the purpose of assessing and administering the death benefit claim, and for meeting any legal or regulatory obligations. I consent to the disclosure of this information to third parties, including government authorities, service providers or referral partners, where required to comply with the law or to administer the claim. I acknowledge that I have the right to access and request correction of my personal information by contacting the Scheme manager.

Smaller Estates (where the deceased member's KiwiSaver account balance is less than $40,000)

I/We declare that the deceased member:

☐ Left a Will and Probate is not being applied for; or

☐ Did not leave a Will and Letters of Administration are not being applied for.

I/We am/are entitled to claim the proceeds of the deceased member's KiwiSaver account under Section 65 of the Administration Act of 1969.

Relationship to the deceased member

Signature of Claimant 1

Date D D M M Y Y Y Y

Signature of Claimant 2

Date D D M M Y Y Y Y