

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

Who should complete this form?

If you have any questions about the process or need help to complete this form, you can telephone us on 04 473 9369 or email us at office@angfincare.nz

This form must be completed by all of the deceased Member's Personal Representatives.

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; or
- » a Relevant Person if no Probate or Letters of Administration have been granted and the benefit payable in respect of the deceased member is less than \$15,000.

Relevant Persons means:

- » the surviving spouse, de facto partner, civil union partner or children of the deceased member; or
- » the persons beneficially entitled to the estate of the deceased member under the Will or intestacy; or
- » any person entitled to obtain administration of the estate of the deceased member in New Zealand; or
- » any person related by blood, marriage or civil union to the deceased member who undertakes to maintain the children of that deceased member who are minors; or
- » any person who is providing day-to-day care for any of the children of the deceased member who are minors; or
- » any other person permitted by the Administration Act.

Procedure for completing this form

1. Fill out the application form completely

2. Attach:

- » a certified copy of the death certificate; and either
- » certified copies of the Will and of the grant of Probate (if applicable), or
- » a certified copy of the Letters of Administration (if applicable), or
- » if the benefit payable in respect of the deceased member is less than \$15,000, please provide proof of your relationship with the deceased member (e.g. marriage certificate, birth certificate, etc.)

Note: Copies of documents must be certified as true copies by a lawyer, Justice of the Peace, Notary Public or responsible officer of a Trustee Company.

3. Complete the Statutory Declaration

The Statutory Declaration must be made by the deceased member's Personal Representatives before a barrister or solicitor, Justice of the Peace, Notary Public, Court Registrar or other person authorised to take Statutory Declarations.

4. Post the completed form and attached documents to:

Anglican Financial Care
PO Box 12 287
Thorndon
Wellington 6144

1. Deceased member's details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	IRD number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Date of death		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

2. Payment details

Please pay the deceased member's benefit from the Pension Fund to the following bank account (I attach a deposit slip or bank statement evidencing the bank account name and number).

Name of account			
<input type="text"/>			
Account details			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Bank	Branch	Account	Suffix

3. Claimant 1 details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	Number / Street / PO Box	
<input type="text"/>	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	
Daytime phone	Mobile phone	
<input type="text"/> (0)	<input type="text"/> (0)	
Relationship to deceased member	<input type="text"/>	

4. Claimant 2 details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	Number / Street / PO Box	
<input type="text"/>	<input type="text"/>	
	Suburb / City	Postcode
	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	
Daytime phone	Mobile phone	
<input type="text"/> (0)	<input type="text"/> (0)	
Relationship to deceased member	<input type="text"/>	

5. Statutory Declaration

Full name of claimant 1

I

Number / street / PO box

of

Suburb / city

Full name of claimant 2

I

Number / street / PO box

of

Suburb / city

do solemnly and sincerely declare that:

I am entitled to make this claim and that all the information I have provided in this form and in all included materials is true and correct.

To the best of my knowledge and belief, the deceased member's principal place of residence during the period that he/she was a member of the Complying Fund Section of The New Zealand Anglican Church Pension Fund was in New Zealand or if not he/she lived overseas for the following dates:

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 Pension Fund and/or its Trustee.

Smaller estates [where the deceased member's Locked-in account balance is less than \$15,000]

I also 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 further declare and undertake:

If applicable, I am entitled to claim the proceeds of the deceased member's benefit from the Pension Fund under Section 65 of the Administration Act of 1969.

That I will apply all proceeds of the deceased member's benefit from the Pension Fund towards the administration of the deceased member's Estate.

6. Claimant 1 declaration

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

Signature of applicant

Declared at this place

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your signature must be witnessed by a Justice of the Peace, a barrister or solicitor, a Court Registrar or any other person authorised to take statutory declarations.

Before me:

Signature of witness

Printed name of witness

Position

Contact details or stamp

7. Claimant 2 declaration

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

Signature of applicant

Declared at this place

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Your signature must be witnessed by a Justice of the Peace, a barrister or solicitor, a Court Registrar or any other person authorised to take statutory declarations.

Before me:

Signature of witness

Printed name of witness

Position

Contact details or stamp