

Please mail to Freepost 211044, Christian KiwiSaver Scheme, PO Box 12 287, Thorndon, Wellington 6144

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 info@christiankiwisaver.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 deceased member's Christian KiwiSaver Scheme account balance is less than \$40,000.

Relevant Persons means:

- » the surviving spouse, de facto partner, civil union partner or children of the deceased member;
- » the persons beneficially entitled to the estate of the deceased member under the will or intestacy;
- » any person entitled to obtain administration of the estate of the deceased member in New Zealand;
- » 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;
- » any person who is providing day-to-day care for any of the children of the deceased member who are minors; and
- » 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 deceased member's KiwiSaver account balance is less than \$40,000, please provide proof of your relationship with the deceased member (e.g. marriage certificate, birth certificate etc.)
- » **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'.

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:

Freepost 211044
Christian KiwiSaver Scheme
PO Box 12 287
Thorndon
Wellington 6144

1. Deceased member's details

Title	First name	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<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"/>	

2. Payment details

Please pay the 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

<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 details

Claimant 1

Title	First name	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Phone	Daytime	Email address
<input type="text"/>	(0) <input type="text"/>	<input type="text"/>
Postal address	Number / Street / PO Box	
<input type="text"/>		
Suburb / City		Postcode
<input type="text"/>		<input type="text"/>

Claimant 2

Title	First name	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		
<input type="text"/>		
Phone	Daytime	Email address
<input type="text"/>	(0) <input type="text"/>	<input type="text"/>
Postal address	Number / Street / PO Box	
<input type="text"/>		
Suburb / City		Postcode
<input type="text"/>		<input type="text"/>

4. Statutory declaration

Full name of Claimant 1

I,

Address

of

Occupation

Full name of Claimant 2

I,

Address

of

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. To the best of my knowledge:

The deceased member had their principal place of residence in New Zealand for the entire period that they have been a member of KiwiSaver.

The deceased member had their principal place of residence in New Zealand for the entire period that they had been a member of KiwiSaver, with the exception of the following periods, during which they lived overseas.

From to

From to

and during their time living overseas they were were not working for a charitable organisation.

3. **I understand** that any Government annual contribution (also called member tax credit) for any period that the deceased member's principal place of residence was not New Zealand may be returned to the Commissioner of Inland Revenue.
4. 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 Christian KiwiSaver Scheme and/or its Trustee.
5. **I acknowledge** that the Manager and Trustee of the Christian KiwiSaver Scheme 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.
6. I will apply all proceeds of the deceased member's KiwiSaver account towards the administration of the deceased member's Estate as the law requires.
7. **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.

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' available on our website.

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 A NZ / overseas full birth certificate; or
 An 18+ card 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 card 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 A NZ / overseas full birth certificate; or
 An 18+ card 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 card 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.

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

I 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 am 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

Claimant 1

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

Signature of claimant 1

Declared at Place this Day day of Month & year

Signature of Witness

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

Before me:

Signature of witness	<input type="text"/>	Official stamp
Printed name	<input type="text"/>	
Position	<input type="text"/>	

Claimant 2

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

Signature of claimant 2

Declared at Place this Day day of Month & year

Signature of Witness

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

Before me:

Signature of witness	<input type="text"/>	Official stamp
Printed name	<input type="text"/>	
Position	<input type="text"/>	