

Deceased Member Withdrawal Form

If you would like help completing this form, please email info@generatekiwisaver.co.nz or phone us on 0800 855 322.

Please use this form to apply for a full withdrawal from a deceased member's KiwiSaver scheme account.

This form can be completed by the following:

- The person(s) who has been granted Probate if the Deceased left a Will;
- The person(s) who has been granted Letter of Administration if the Deceased did not leave a Will;
- Relevant person(s) if no Probate of Letter of Administration have been granted and the Deceased Member's KiwiSaver account balance is less than \$15,000.

Relevant Persons are:

- The surviving spouse, civil union partner or de facto partner or children of the deceased;
- The persons beneficially entitled to the estate of the deceased under a will or intestacy;
- Any person entitled to obtain administration of the estate of the deceased;
- Any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors;
- Any person who is providing day-to-day care for any minor children of the deceased.

Document checklist:

- Provide proof of bank account (refer to page 2)
- Provide certified proof of identity (refer to page 3)
- Provide proof of address (refer to page 3)
- Complete the Statutory Declaration in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take Statutory Declarations
- A certified copy of the Deceased's Death Certificate
- Certified copies of the Will and grant of Probate (if applicable); or
- A certified* copy of the Letters of Administration (if applicable); or
- Proof of your relationship with the Deceased (e.g. marriage certificate, birth certificate) if the Deceased Member's KiwiSaver account balance is less than \$15,000.

Please Note: Cancel any direct debits or automatic payments currently being made to the Deceased's KiwiSaver account.

Deceased Member Details

Title _____ First Name _____ Surname _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Postal Address _____

City _____ Country _____ Postcode _____

Generate KiwiSaver Member Number

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IRD No.

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If you don't know the IRD number, please call the IRD on 0800 227 774.

Deceased Member Withdrawal Form

Details of Relevant Person or Solicitor Acting

Title _____ First Name _____ Surname _____

Postal Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

What is your relationship to the Deceased? _____

Payment Details

Payment will only be made in New Zealand dollars to a New Zealand bank account in the name of the Deceased or a Relevant Person noted on this form. The manager will adjust your withdrawal amount for any tax liability arising as a result of the withdrawal request.

Name of Bank Account _____

Account Number

Bank _____ Branch _____

Address/PO Box _____

Town/City _____

Proof of Bank Account

Please provide proof of the nominated bank account name and number by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

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Identity and Proof of Address Documents

OPTION 1	OPTION 2
<input type="checkbox"/> Passport; or <input type="checkbox"/> New Zealand Drivers Licence; or <input type="checkbox"/> New Zealand Firearms Licence.	<input type="checkbox"/> Birth Certificate; or <input type="checkbox"/> Citizenship Certificate. AND one of the following: <input type="checkbox"/> HANZ 18+ Card; or <input type="checkbox"/> Tertiary Student Photo ID; or <input type="checkbox"/> Current International Driving Permit; or <input type="checkbox"/> NZ Bank Credit Card with photo.
<p>Choose one of the acceptable forms of proof of address for applicant's physical address (not a PO Box) by sending us a copy of an invoice, statement, letter or contract in applicant's name, dated within the last 12 months, from one of the following sources:</p> <input type="checkbox"/> Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider) <input type="checkbox"/> New Zealand bank or KiwiSaver provider <input type="checkbox"/> Government or local Government agency e.g. IRD, WINZ, Watercare, Council <input type="checkbox"/> Companies Office <p>If you do not have one of the above forms then please provide copy of an invoice, statement, letter or contract in applicant's name, dated within the last 3 months, from one of the following sources:</p> <input type="checkbox"/> Electronic white pages <input type="checkbox"/> Insurance company <input type="checkbox"/> Rental tenancy agreement <input type="checkbox"/> Non-bank, non-KiwiSaver financial institution <input type="checkbox"/> Electoral roll papers <input type="checkbox"/> Car registration notification/demand <input type="checkbox"/> Employer provided accommodation letter	

Certification of your Documents

Provide originals or have an approved person certify copies of all ID and proof of address.

An employee or agent of Generate can certify documents.

 Certification must be within the last three months.
 The approved person cannot be your spouse, partner, relative or living at the same address as you.
 The approved person could be: an employee or agent of Generate; JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor or any other person who has legal authority to take statutory declarations in New Zealand.
 Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, *"I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]"*

Privacy Act

Generate Investment Management Limited, Public Trust, any of their authorised agents, and any distributor assisting with the application (each an "Authorised Person") may collect personal information about the member provided in connection with this application or the Scheme, will (or through MMC Limited will) hold the information securely and may use the personal information to manage the member's investment in the Scheme, to communicate with the member or to promote other products and services to the member. The member may ask that he or she be shown the information held about the member, and if any of the information is incorrect, ask for it to be corrected. The addresses for Generate Investment Management Limited, Public Trust and MMC Limited are set out in the Product Disclosure Statement for the Scheme.

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Statutory Declaration

A Relevant Person applying to withdraw funds on behalf of the Deceased Member must write their name and address below as well as sign the document in front of a Justice of Peace, Solicitor, Notary Public or other person authorised to take a statutory declarations.

I _____ (full name of person making declaration)

_____ (occupation of person making declaration)

of _____ (address of person making declaration)

make the following declaration under the Statutory Declarations Act 1959

1. I am entitled to make this claim and that the information which I have provided in this application is true and correct.
2. To the best of my knowledge and belief the Deceased's principal place of residence while he/she was a KiwiSaver Scheme member was in New Zealand.
3. If the Deceased principal place of residence while he/she was a KiwiSaver Scheme member was not New Zealand at any period, please specify the period.

Departure Date _____ Return Date _____

Departure Date _____ Return Date _____

Departure Date _____ Return Date _____

Departure Date _____ Return Date _____

4. By receiving a payment of the Deceased's KiwiSaver benefit, I release all claims that have been made or may be made on Generate KiwiSaver Scheme and the Trustee.
5. I acknowledge that the Manager and the Trustee of the Generate KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against my claims, liability, losses, damages, costs and expenses whatsoever 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).
6. That I will apply all proceeds of the Deceased Member's KiwiSaver account towards the administration of the Deceased Member's estate.
7. I understand the information being supplied with this application will be held by Generate as Manager of the Deceased's KiwiSaver Scheme to enable administration of the Deceased's KiwiSaver benefit.
8. I understand that the withdrawal value may fluctuate based upon the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my Generate KiwiSaver Scheme account.
9. I understand that the Manager and/or Trustee of the Generate KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.

I also declare (where applicable):

10. Neither Probate nor Letters of Administration have been granted in respect of the Deceased Member's estate nor will they be applied for.
11. That following circumstances are accurate and justify why I am the relevant person authorised by section 65 of the Administration Act 1969 to receive the Deceased Member's account balance.

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

Signature (Relevant Person or Solicitor Acting) _____

Declared at _____ Address _____ this _____ Date _____ of _____ Month _____ 20 _____ Year _____

Before me (name, occupation, address and signature of person before whom the declaration is made)

Name _____ Occupation _____

Address _____

In my capacity as a Justice of the Peace, Solicitor, Notary Public or other person authorised to take a statutory declaration.

Signature _____

Where do I send my application to?

Email return: Please scan this application and all supporting documentation and email them to us at info@generatekiwisaver.co.nz or

Postal return: Please send this application and any supporting documentation to: Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142