

KiwiSaver Deceased Member Withdrawal Form

If you would like help in completing this form, please email kiwisaver@fisherfunds.co.nz or phone us on **0800 FF KIWI (0800 335 494)**.

You can complete this form on-screen by typing directly into each field.

Once you have completed this form:

- If you have selected Option 1 as your preferred identification method and the value of your withdrawal is under \$50,000 you can email your completed application to kiwisaver@fisherfunds.co.nz. If the value of your withdrawal is over \$50,000 your solicitor can email your completed application to us.
- If you have selected Option 2 as your preferred identification method you must post your application and supporting documents to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or send by courier to **Fisher Funds Management Limited, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622**.
- If the value of your withdrawal is over \$50,000 you must post or courier your application and supporting documents to us (unless the application is being sent by your solicitor).

Who should complete this form?

Please use this form to apply for a full withdrawal from a deceased member's Fisher Funds KiwiSaver Scheme or Fisher Funds TWO KiwiSaver Scheme account ("KiwiSaver account").

This form can be completed by:

- the person(s) who has been granted Probate if the deceased member left a Will; or
- the person(s) who has been granted Letters of Administration if the deceased member did not leave a Will; or
- a Relevant Person if no Probate or Letters of Administration have been granted and the deceased member's Fisher Funds account balance is less than \$15,000.

Relevant Persons are:

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

Section 1: Deceased Member's Details

Title	First Name/s	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Date of Birth	KiwiSaver Account No.	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"/> <input type="text"/> <input type="text"/>
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2: Details of Relevant Person

Name of Relevant Person		
<input type="text"/>		
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile
<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>
Email Address		
<input type="text"/>		
What is your relationship to the deceased member?		
<input type="text"/>		

Additional Executor

Name		
<input type="text"/>		
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile
<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>	<input type="text"/> () <input type="text"/>
Email Address		
<input type="text"/>		
What is your relationship to the deceased member?		
<input type="text"/>		

Section 3: Identification Options

Your withdrawal request must be submitted with one of the identification options set out below for each Executor or Relevant person(s).

Option 1 – Electronic identity verification

Fisher Funds has the ability to electronically verify your identity and address. Once we have received your withdrawal request we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following:

- » New Zealand Passport
- » New Zealand Drivers Licence
- » Australian Passport
- » Australian Drivers Licence

If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.

Option 2 – Certified copies of identity documents and proof of residential address

Please provide a certified copy of your identity documents and proof of your residential address. Refer to Sections 4 and 5 for information on acceptable identity documents and who can certify them.

Relevant Person: Preferred identification method — please select one of the following options:

Option 1 – I would like Fisher Funds to electronically verify my identity

Option 2 - I would like to provide Fisher Funds with certified copies of my identity documents

Additional Executor: Preferred identification method — please select one of the following options:

Option 1 – I would like Fisher Funds to electronically verify my identity

Option 2 - I would like to provide Fisher Funds with certified copies of my identity documents

Section 4: Certified Identity Documents

If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

We are only able to accept original certified copies of certified ID (i.e. the copy that has been physically certified). These documents must be posted to us, our postal address is on page 1.

OPTION A: (preferred)

Passport (containing name, date of birth, photograph and signature)

OR

New Zealand Firearms Licence

OR

New Zealand Driver Licence (front and back)

OPTION B:

Full Birth Certificate

AND one of the following

18+ Card/Kiwi Access Card

OR

Overseas Drivers Licence

Your photo identification must be current (not expired). If you're unable to provide the above documentation please contact us to discuss other options.

A Fisher Funds representative can verify your identity documents if you visit our office.

How to have your ID correctly certified



I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe
 Occupation: Justice of the Peace
 Date: 18/08/2020
 Signature: [Signature]

Photocopy ID at 150%

So the details are legible.

Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

Please note: Certification is valid for three months and must have been carried out within three months of this application.

Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

Section 5: Proof of Address

If you have selected Option 2 as your preferred identification method please provide proof of your residential address as set out below. Your proof of address doesn't have to be certified. If you selected Option 1 you do not need to provide proof of address.

Current physical address

Can't be a PO Box number.

XYZLOGO

Mr Joe Smith
 58 Green Street
 Takapuna
 AUCKLAND 1023
 New Zealand

Statement of Accounts

Your Account(s) at a glance as at 19 XXXX 2020

Dated in the last 12 months, an invoice, statement, letter or contract from:

- » utility provider e.g. water, power, phone
- » professionals e.g. accountant, doctor
- » service providers e.g. Sky TV, insurance
- » government e.g. IRD, WINZ, rates notice
- » current employer e.g. payslip
- » bank correspondence or statement
- » tenancy agreement

Please note: We cannot accept a statement/correspondence from Fisher Funds as proof of your address.

Section 6: Payment Details

We will only make payment in New Zealand dollars to a solicitor's trust account, being a New Zealand bank account, or a New Zealand bank account in the name of the Relevant Person/Executor noted on this form. Any payment will be adjusted for tax at the notified Prescribed Investor Rate (PIR) on the account.

Name of Account

Account Details

Bank

Branch

Account Number

Suffix

Bank/Branch Address

Please provide proof of your bank account (one of the following)

- » Bank statement
- » Internet banking screenshot
- » Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

Section 7: Privacy Statement

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to provide services in relation to your withdrawal request. I understand that the information supplied by me with this application can be used to electronically verify my identity and address (*where necessary*) and may be disclosed for these purposes to third parties where relevant. You have the right to access the information held by us and you may also request that it be corrected.

Section 8: Statutory Declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed by the Relevant Person applying to withdraw Funds on behalf of the deceased member in front of an authorised person who will witness the declaration.

Who can witness me making the declaration?

The following people can witness you making the declaration

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the high court

I,

Relevant Person

of

Address

Occupation

solemnly and sincerely declare that:

- I am entitled to make this claim and that the information which I have provided is true and correct.
- To the best of my knowledge the deceased member's principal place of residence while they were a KiwiSaver member was in New Zealand.
- If the deceased member's principal place of residence while they were a KiwiSaver member was not New Zealand at any period, please specify the period:

From

To

From

To

From

To

From

To

- By receiving payment of the deceased member's KiwiSaver account balance, I release all claims that have been made or may be made on Fisher Funds and the Supervisor.
- I acknowledge that the Manager and the Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any 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).
- That I will apply all proceeds of the deceased member's KiwiSaver account balance towards the administration of the deceased member's estate.
- I understand that the information being supplied with this application will be held by Fisher Funds to enable administration of the deceased member's KiwiSaver account balance.
- 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 the deceased member's KiwiSaver account balance.
- I understand that the Manager and/or Supervisor 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):

- Neither Probate nor Letters of Administration have been granted in respect of the deceased member's estate nor will they be applied for.
- That the 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 KiwiSaver scheme account balance.

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

Signature (Relevant Person or Solicitor Acting)

Declared at

Address

Date

Before Me

Name

Signature

Checklist

Please complete the checklist below and supply the relevant documents to support your request.

- Complete Sections 1-6.
- Provide proof of bank account (*refer to Section 6 for our requirements*).
- Select a preferred identification method in Section 3 and provide evidence (*refer to Sections 3, 4 & 5*)
- Complete the statutory declaration in Section 8 in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take statutory declarations.

You can find a Justice of the Peace near you by visiting the New Zealand's Justices' Association website www.jpfed.org.nz or Yellow Pages www.yellow.co.nz. He/she will be able to certify your ID and witness your statutory declaration. You can also call Yellow's Directory Assistance on 018 (*note charges up to about \$1 apply*).

- Provide a copy of the deceased member's Death Certificate.
- Provide copies of the Will and grant of Probate (*if applicable*); or
- Provide copies of the Letters of Administration (*if applicable*); or
- Provide proof of your relationship with the deceased member (*e.g. marriage certificate, birth certificate*) if the deceased member's KiwiSaver account balance is less than \$15,000 (*if applicable*).
- Provide the original of this completed form (only if you have selected Option 2 as your preferred Identification method or the value of your withdrawal is over \$50,000 and the application isn't being sent by your Solicitor)