Westpac KiwiSaver Scheme Deceased Estate Withdrawal Application



How do I qualify?

To be eligible for this withdrawal, you must be:

	Where the Deceased's KiwiSaver account value is equal
	to or less than \$15,000
	The Claimant who's entitled to make a claim under section 65 of the Administration Act 1969, where the deceased
	member's account value is equal to or less than \$15,000
	(Probate/Letters of Administration are not required). Please tick only one to show your relationship with the deceased:
	Wife, husband, civil union partner or defacto partner.Child.
	Person beneficially entitled to the estate in the Will or on intestacy.
	Person entitled to obtain administration of the estate in New Zealand.
	Person related by blood, marriage or civil union to the deceased who undertakes to maintain the children (who are minors) of that person.
	Person who has custody and control of the children of the deceased (who are minors).
	Where the Deceased's KiwiSaver account value is
	more than \$15,000:
	The deceased member's Personal Representative(s)
	where the deceased member's account value is more
	than \$15,000. Please tick only one:
	Where the deceased member left a Will, this is the person(s) who has been granted probate.
	Where the deceased member did not leave a Will.
	this is the person(s) who has been granted 'Letters
	of Administration'.
Wha	t can I withdraw?

If approved, you'll be transferring the full available balance of the deceased member's Westpac KiwiSaver Scheme account.

When can I expect payment?

Generally, once your completed application form and all supporting documents have been received, your payment will be made to your nominated bank account within 10 business days of your request being approved. We'll let the primary Claimant/ Personal Representative know the outcome of your withdrawal request.

Need help?

If you need help completing this form or would like an update on your application, call **0508 972 254** (+**64 9 375 9978** from overseas) weekdays between 8.30am and 5pm NZ time. Alternatively, email us at kiwisaverhelp@westpac.co.nz

How do I apply?

- Primary Claimant/Personal Representative to complete all sections of the form.
- 2. Then send the form and supporting documents to: Courier: Westpac KiwiSaver Scheme, Level 4 Cityside, Westpac on Takutai Square, 53 Galway Street, Auckland 1010, New Zealand

Post: Westpac KiwiSaver Scheme, PO Box 934, Auckland 1140

Visit: any Westpac branch

Your checklist

If the withdrawal amount is equal to or less than \$15,000,

you'	ll need:
	Fully completed application form by the primary Claimant
	under section 65 of the Administration Act 1969 (see 'How
	do I qualify?').
	Check the primary Claimant has completed and signed the
	statutory declaration, and it has been witnessed and signed
	by a person authorised to take statutory declarations.
	Check the secondary Claimant has signed the last section
	on page 3 (only if applicable).
	Certified copy of the death certificate or Medical Cause of
	Death Certificate.
	Certified copy of the Will (if the deceased left a Will).
	Certified copy of the evidence of the relationship to the
	deceased e.g. marriage or birth certificate.
	Certified copy or original bank statement/deposit slip, if the
	bank account you've provided for payment is not a Westpac
	New Zealand bank account.
	Certified copy of all Claimants' acceptable identity
	documentation (such as the photo and signature pages of
	your current signed passport, or both sides of your current
	New Zealand driver licence).
	e withdrawal amount is <u>more than \$15,000</u> ,
you'	ll need:
	Fully completed application form by the deceased's
	Personal Representative, i.e. granted probate or 'Letters of
	Administration' (see 'How do I qualify?').
	Check the primary Personal Representative has completed
	and signed the statutory declaration and it has been
	witnessed and signed by a person authorised to take
	statutory declarations.
	Check the secondary Personal Representative has signed
_	the last section on page 3 (only if applicable).
	Certified copy of the death certificate or Medical Cause of
	Death Certificate.
	Certified copy of Probate or Letters of Administration.
	Certified copy or original bank statement/deposit slip if the
	bank account you've provided for payment is not a Westpac
	New Zealand bank account.
	Certified copy of all Personal Representative's acceptable
	identity documentation (such as the photo and signature
	pages of your current signed passport, or both sides of

What's a certified copy?

A certified copy is a copy of an original document on which an authorised person (such as a Justice of the Peace, solicitor or other legally authorised person) has confirmed it is a true copy of the original. All certified copies must include:

Documents must be received by Westpac within 3 months of

being certified. For a full list of acceptable identification and

· The certifier's name, occupation, signature and date.

your current New Zealand driver licence).

proof of address, go to westpac.co.nz/AML

- The following or equivalent wording: "I certify this to be a true copy of the original document as sighted by me on [date]"
- · For identity documents only, add: "and it represents the true likeness and identity of the individual"

The certifier can't be: someone you're related to, your spouse/ partner, or someone who lives at the same address.

Deceased details					
Mr Mrs Miss Ms Oth	er (please specify)		Date of birth	DD / MM / YYYY	
Name FIRST	MIDDLE	LAS	Т		
Previous address NUMBER & STREET		SUB	SURB		
TOWN/CITY		POS	TCODE		
IRD number					
Westpac KiwiSaver Scheme member number	K S				
Claimant/Personal Representat	ive's details				
Primary Claimant/Personal Representative This is where confirmation of your withdrawal re		Secondary Claimant/(if applicable):	Personal Representativ	e's details	
Mr Mrs Miss Ms Other	r		Miss Ms Other		
(please specify) Date of birth	DD / MM / YYYY	(please specify)	Date of birth	DD / MM / YYYY	
Name FIRST MIDDLE	LAST	Name FIRST	MIDDLE	LAST	
Physical address NUMBER & STREET	SUBURB	Physical address NUM	IBER & STREET	SUBURB	
TOWN/CITY	POSTCODE	TOWN/CITY		POSTCODE	
Postal address (if different) NUMBER & STREET	SUBURB	Postal address (if diffe	erent) NUMBER & STREET	SUBURB	
TOWN/CITY	POSTCODE	TOWN/CITY		POSTCODE	
Phone HOME MOBILE		Phone HOME	MOBILE		
Email		Email			
Occupation		Occupation			
Relationship to deceased	Relationship to deceased				
Your payment details					
Please provide us with a New Zealand bank accordance (i.e. not a Trust account or business accordance) below is not a Westpac New Zealand bank accordance.	unt). If approved, the w	ithdrawal will be paid to y	our nominated account. I	fthe bank account	
Account holder's name FIRST	MIDDLE	LAST			
Account number BANK BRANCH BRANCH	ACCOUNT NUMBER	SUFFIX			

Privacy statement

The personal information which you provide in (or in connection with) this form will be held securely by BT Funds Management (NZ) Limited (Manager) and/or The New Zealand Guardian Trust Company Limited (Supervisor), at the address of the Manager and/or Trustees Executors Limited (the registry provider), and may also be disclosed to Westpac Banking Corporation ABN 33 007 457 141 (Westpac), Westpac New Zealand Limited (Westpac NZ) and any other entity that is involved in the administration and management of the Westpac KiwiSaver Scheme (including Inland Revenue and any regulatory body). You have the right to access and correct this information subject to the provisions of the Privacy Act 2020. Your personal information may otherwise be collected, used and disclosed in accordance with Westpac's Privacy Policy (available at westpac.co.nz/privacy).

Statutory declaration

Fligibility to withdraw gov		
FIIOINIIITY TO WITHOUS WOO	vernment contribilitio	ms

Ligibility to withdraw government contributions	sainal place of residence since the decessed first is incl. a ViviCavar scheme was
in New Zealand.* (Please tick only one.)	ncipal place of residence since the deceased first joined a KiwiSaver scheme was
Yes (Continue to the 'Your statutory declaration' below.)	
No (Please list below, excluding any overseas holidays where the d declaration' below.)	deceased remained a New Zealand resident. Then continue to the 'Your statutory
Lived in	from Date DD / MM / YYYY to Date DD / MM / YYYY
Lived in	from Date DD / MM / YYYY to Date DD / MM / YYYY
*If the deceased worked overseas as a government employee or as a charity volunt evidence with your application, such as a letter from their employer confirming the	nteer, this withdrawal may still be eligible for government contributions. Please provide ne period they were employed.
2. Your statutory declaration It must be completed and signed in front of a Justice of the Peace, a Solici Please note that Westpac staff cannot complete this statutory declaration	citor, Notary Public or other person authorised to take a statutory declaration.
I PRIMARY CLAIMANT/REPRESENTATIVE NAME	OCCUPATION
of ADDRESS	
 Solemnly and sincerely declare that: I have read and understood the Privacy Statement. I understand that if the information in this application is incomplete or incorrect, the Manager of the Westpac KiwiSaver Scheme will not be able to complete its assessment of this application. I understand that the withdrawal value will be based on the unit price(s) applying at the date that this withdrawal request is processed, so may be subject to change. It can be affected by market volatility, PIE tax rebates or deductions and additional contributions received (withdrawal amount). The account holder permanently resided in New Zealand for the full duration of their Kiwisaver membership, other than the periods (if any) listed in the 'Eligibility to withdraw government contributions' section. Balances \$15,000 or less and claim being under section 65, Adminit declare that the deceased (please tick only one): 	 In consideration of the Manager paying out the withdrawal amount I personally undertake to indemnify the Manager, the Supervisor, Trustees Executors Limited, Westpac and Westpac NZ against any claims, liability, losses, damages, costs and expenses whatsoever that may be incurred or suffered by the Manager, the Supervisor, Trustees Executors Limited, Westpac and Westpac NZ, by reason of the Manage the Supervisor, Trustees Executors Limited, Westpac and Westpac NZ relying on the above information and releasing the withdrawal amount as requested. I will apply the withdrawal amount proceeds from the withdrawal in the course of the administration as the law requires. nistration Act 1969 (where applicable).
Did not leave a Will, and Letters of Administration have not and v	will not be applied for.
And I make this solemn declaration conscientiously believing the same to be primary claimant/personal representative to print this form an	be true and by virtue of the Oaths and Declarations Act 1957. AND SIGN AND DATE THE STATUTORY DECLARATION IN FRONT OF YOUR WITNESS
SIGNATURE PRIMARY	Declared at TOWN/CITY Date DD / MM / YYYY
Before me (a person authorised to take a statutory declaration in accordate further information):	dance with the New Zealand Oaths and Declarations Act 1957 - see above for
Name of witness	
Declared at TOWN/CITY Occupation	Date DD / MM / YYYY STAMP
Signature of witness	
Secondary Claimant/Personal Representative signature (only if applic I have sighted this form and confirm all details are correct to the best of my	
SECONDARY CLAIMANT/REPRESENTATIVE NAME	
SIGNATURE SECONDARY	Date DD / MM / YYYY