



# Westpac KiwiSaver Scheme Deceased Estate Withdrawal Form

May 2016



BT Funds Management (NZ) Limited is the scheme provider and Westpac New Zealand Limited is the distributor of the Westpac KiwiSaver Scheme.

## Executors and Administrators

The deceased's Personal Representatives must complete this form. This means the persons who have been granted:

- Probate, where the deceased left a Will; or
- Letters of Administration, where the deceased did not leave a Will.

## Balance \$15,000 or less and claimant(s) under section 65, Administration Act 1969

Please note that where Probate/Letters of Administration are not required to be applied for, and will not be applied for, and if the value of the amount available for withdrawal is \$15,000 or less, any of the persons set out in Section C may be entitled to complete this form.

## IMPORTANT

**Please return the completed form with the following documents (PLEASE TICK):**

### Balances \$15,000 or less and claims being made under section 65, Administration Act 1969

- A certified copy of the Death Certificate or Medical Cause of Death Certificate
- A certified copy of the Will (if the deceased left a Will)
- Evidence of the relationship to the deceased e.g. Marriage/Birth Certificate
- A bank deposit slip for the account to be credited
- A certified copy of acceptable identity verification documents for all claimants in Section B. This is usually by way of either a certified copy of a New Zealand passport or a New Zealand photo drivers licence. For a full list of acceptable documents, please go to [www.westpac.co.nz/AML](http://www.westpac.co.nz/AML)

## Executors and Administrators

- A certified copy of Probate or Letters of Administration
- A bank deposit slip for the account to be credited
- A certified copy of acceptable identity verification documents for all claimants in Section B. This is usually by way of either a certified copy of a New Zealand passport or a New Zealand photo drivers licence. For a full list of acceptable documents, please go to [www.westpac.co.nz/AML](http://www.westpac.co.nz/AML)

Please call us on **0508 972 254** between **8.30am and 5.30pm**, Monday to Friday if you need any help completing this form.

## A. Deceased Details

Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_ Date of birth DD / MM / YYYY

Name FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

IRD number       Westpac KiwiSaver Scheme member number

Postal Address NUMBER & STREET \_\_\_\_\_ SUBURB \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

## B. Personal Representatives

Please complete sections D & E.

Mr  Mrs  Miss  Ms  Other PLEASE SPECIFY \_\_\_\_\_  Mr  Mrs  Miss  Ms  Other PLEASE SPECIFY \_\_\_\_\_

Name FIRST \_\_\_\_\_ Name FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_ MIDDLE \_\_\_\_\_

LAST \_\_\_\_\_ LAST \_\_\_\_\_

Phone HOME \_\_\_\_\_ Phone HOME \_\_\_\_\_

MOBILE \_\_\_\_\_ MOBILE \_\_\_\_\_

BUSINESS \_\_\_\_\_ BUSINESS \_\_\_\_\_

Home Address NUMBER & STREET \_\_\_\_\_ Home Address NUMBER & STREET \_\_\_\_\_

SUBURB \_\_\_\_\_ SUBURB \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

Postal Address (if different) NUMBER & STREET \_\_\_\_\_ Postal Address (if different) NUMBER & STREET \_\_\_\_\_

SUBURB \_\_\_\_\_ SUBURB \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_ TOWN/CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_

Occupation \_\_\_\_\_ PHONE \_\_\_\_\_ Occupation \_\_\_\_\_ PHONE \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Date of birth DD / MM / YYYY \_\_\_\_\_ Date of birth DD / MM / YYYY \_\_\_\_\_

**C. Claimant(s) Details**  
for balances \$15,000 or less.  
Please complete sections  
D & E

**Westpac KiwiSaver Scheme balances \$15,000 or less (where applicable)**  
Persons entitled to make a claim under section 65 of the Administration Act 1969 include:

- Wife/Husband/Civil union partner/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)

**1st Claimant's details**  
 Mr  Mrs  Miss  Ms  Other PLEASE SPECIFY

Name FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

LAST \_\_\_\_\_

Date of birth DD / MM / YYYY

Phone HOME \_\_\_\_\_

MOBILE \_\_\_\_\_

BUSINESS \_\_\_\_\_

Home Address NUMBER & STREET \_\_\_\_\_

SUBURB \_\_\_\_\_

TOWN/CITY POSTCODE

Postal Address (if different) NUMBER & STREET \_\_\_\_\_

SUBURB \_\_\_\_\_

TOWN/CITY POSTCODE

Occupation PHONE

Email \_\_\_\_\_

Relationship with the deceased \_\_\_\_\_

**2nd Claimant's details**  
 Mr  Mrs  Miss  Ms  Other PLEASE SPECIFY

Name FIRST \_\_\_\_\_

MIDDLE \_\_\_\_\_

LAST \_\_\_\_\_

Date of birth DD / MM / YYYY

Phone HOME \_\_\_\_\_

MOBILE \_\_\_\_\_

BUSINESS \_\_\_\_\_

Home Address NUMBER & STREET \_\_\_\_\_

SUBURB \_\_\_\_\_

TOWN/CITY POSTCODE

Postal Address (if different) NUMBER & STREET \_\_\_\_\_

SUBURB \_\_\_\_\_

TOWN/CITY POSTCODE

Occupation PHONE

Email \_\_\_\_\_

Relationship with the deceased \_\_\_\_\_

**D. Payment Details**

By credit to the account of ACCOUNT HOLDER'S NAME \_\_\_\_\_

Account Number  Please attach a copy of deposit slip.  
Bank Branch Account Number Suffix

If there are multiple claimants listed above, please ensure all claimants sign below.

Claimant 1 Signature \_\_\_\_\_

Date DD / MM / YYYY

Claimant 2 Signature \_\_\_\_\_

Date DD / MM / YYYY

**E. Statutory  
Declaration**

**Solemnly and sincerely declare that:**

- I am entitled to make this claim and that all the information provided in this form and in all included materials is true and correct.
- I will apply the proceeds from the withdrawal in the course of administration as the law requires.
- I declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined a KiwiSaver scheme was in New Zealand. If the deceased did not reside principally in New Zealand for any period since becoming a KiwiSaver member, please specify that period(s): \_\_\_\_\_
- I hereby agree to indemnify the Supervisor and the Manager of the Westpac KiwiSaver Scheme against any claims, losses, damages, costs and/or expenses whatsoever (including its own legal costs on a solicitor/client basis), which may arise in connection with the said investment or the payment of the balance thereof and also against all amounts the Supervisor and the Manager may be called upon to pay and all costs (including its own legal costs on a solicitor/client basis), charges and expenses incurred in connection therewith.
- I understand that by completing this form I will be providing personal information which will be held securely by the Manager of the Westpac KiwiSaver Scheme. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

**Balances \$15,000 or less and claim being under section 65, Administration Act 1969 (where applicable):**

I declare that the deceased (select one):

- left a Will, and Probate has not and will not be applied for; or  
 did not leave a Will, and Letters of Administration have not and will not be applied for

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

**E. Statutory Declaration**

Continued.

I, PERSONAL REPRESENTATIVE/CLAIMANT 1

of ADDRESS

of OCCUPATION

Your Signature

Declared at PLACE

Date DD / MM / YYYY

I, PERSONAL REPRESENTATIVE/CLAIMANT 1

of ADDRESS

of OCCUPATION

Your Signature

Declared at PLACE

Date DD / MM / YYYY

I, PERSONAL REPRESENTATIVE/CLAIMANT 1

of ADDRESS

of OCCUPATION

Your Signature

Declared at PLACE

Date DD / MM / YYYY

I, PERSONAL REPRESENTATIVE/CLAIMANT 1

of ADDRESS

of OCCUPATION

Your Signature

Declared at PLACE

Date DD / MM / YYYY

**Before me** (JP, solicitor, notary public, a Registrar or Deputy Registrar of the District Court or the High Court, or other person authorised to take a Statutory Declaration in accordance with the Oaths and Declarations Act 1957):

Name of Witness

of ADDRESS

of OCCUPATION

Signature of Witness

Date DD / MM / YYYY

STAMP

Please return the completed form, together with a certified copy of your identification, to: **Westpac KiwiSaver Scheme, PO Box 695, Wellington 6140.**