



Retirement Plan Death Withdrawal Form

To the Trustee

All of the deceased's Personal Representatives must complete this form, which means by 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.

Please note where Probate/Letters of Administration are not required to be applied for and the value of the amount available for withdrawal is less than \$15,000, any of the persons set out in the box at the end of the form may be entitled to complete this form.

A: Deceased details

Mr Mrs Miss Ms Other (please specify)

Given name(s)

Surname

Member Account Number

IRD Number

Date of Birth DAY / MONTH / YEAR

Postal Address NUMBER & STREET/BOX NUMBER

SUBURB

TOWN/CITY

POSTCODE

B: Claimant(s) details

Mr Mrs Miss Ms Other (please specify)

Given name(s)

Surname

Date of Birth DAY / MONTH / YEAR

Home Address NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Postal Address (if different) NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Occupation

Phone

Relationship to deceased (state if executor or administrator)

Mr Mrs Miss Ms Other (please specify)

Given name(s)

Surname

Date of Birth DAY / MONTH / YEAR

Home Address NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Postal Address (if different) NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Occupation

Phone

Relationship to deceased (state if executor or administrator)

Mr Mrs Miss Ms Other (please specify)

Given name(s)

Surname

Date of Birth DAY / MONTH / YEAR

Home Address NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Postal Address (if different) NUMBER & STREET

SUBURB

TOWN/CITY

POSTCODE

Occupation

Phone

Relationship to deceased (state if executor or administrator)

C: Statutory Declaration

I, NAME of ADDRESS Date DAY / MONTH / YEAR

I, NAME of ADDRESS Date DAY / MONTH / YEAR

I, NAME of ADDRESS Date DAY / MONTH / YEAR

Solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information which provided in this form and in all included materials is true and correct.
- I will apply the proceeds from the withdrawal in due course of administration as the law requires.
- **Balances under \$15,000 (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.
- I hereby agree to indemnify the Trustee of the Westpac Retirement Plan 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 therefore and also against all amounts the Trustee 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 Trustee of the Westpac Retirement Plan. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993 and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

FULL NAME _____

Signature _____ Date DAY / MONTH / YEAR

Declared at, _____ this _____ of DAY / MONTH / YEAR

Before me : a Justice of the Peace in New Zealand/Solicitor of the High Court of New Zealand (select one).

Signature _____ Date DAY / MONTH / YEAR

FULL NAME _____

Signature _____ Date DAY / MONTH / YEAR

Declared at, _____ this _____ of DAY / MONTH / YEAR

Before me : a Justice of the Peace in New Zealand/Solicitor of the High Court of New Zealand (select one).

Signature _____ Date DAY / MONTH / YEAR

FULL NAME _____

Signature _____ Date DAY / MONTH / YEAR

Declared at, _____ this _____ of DAY / MONTH / YEAR

Before me : a Justice of the Peace in New Zealand/Solicitor of the High Court of New Zealand (select one).

Signature _____ Date DAY / MONTH / YEAR

D: Payment details

Account name _____

-

Bank Branch number Account number Suffix (Please attach deposit slip)

Balances under \$15,000 (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 estate under the Will or on intestacy
- Person appearing to be entitled to obtain administration of estate in New Zealand
- Person related by blood, marriage or civil union to the deceased who undertakes to maintain the children of that person who are minors
- Person who has custody and control of the children of the deceased who are minors

Please return the completed form and the following documents (as applicable):

- A certified copy of the Death Certificate or Medical Cause of Death Certificate
- A certified copy of the Will
- A certified copy of Probate or Letters of Administration
- In the case of a person claiming a balance under \$15,000, 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.

Please mail to the Trustee at:
 Freepost 802, Westpac Retirement Plan
 PO Box 27031
 Wellington 6141

Please call us on 0800 738 641 between 8.30am and 5.30pm, Monday to Friday if you need any help.