

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.

Use this form to apply for a withdrawal of a deceased member's KiwiSaver savings.

Once we receive the completed application, which includes all the required supporting documents, the withdrawal will be processed in 10 working days.

Choose one option below based on what the Members KiwiSaver account balance is (call Generate if you are unsure of the members account balance)

<input type="checkbox"/> Value under \$15,000 <input type="checkbox"/> Option 1: - Provide proof of your relationship with the Deceased (e.g. Marriage certificate or birth certificate) <input type="checkbox"/> Option 2: - Certified copy of the Will <input type="checkbox"/> Option 3: - Certified copy of a Letter of Administration	OR	<input type="checkbox"/> Value above \$15,000 <input type="checkbox"/> Option 1: - Certified copy of the Grant of Probate and Will <input type="checkbox"/> Option 2: - If they did not leave a Will, please provide a certified copy of a Letter of Administration
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Relevant person(s) who can complete the form are:

- The persons beneficially entitled to the estate of the deceased under a Will or intestacy;
- The surviving spouse, civil union partner or de facto partner or children of the deceased;
- 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.

Further documentation required:

- Provide proof of bank account for the account the funds should be credited into (refer to page 2).
- Provide **certified** proof of identity per beneficiary (refer to page 3).
- Provide proof of residential address per beneficiary (refer to page 3).
- For each Beneficiary**, 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 (refer to page 3).

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

Deceased Member Details

Title _____ First Name _____ Middle Name _____

Surname _____ Date of Birth

D	D	M	M	Y	Y	Y	Y
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Residential Address _____

City _____ Country _____ Postcode _____

Generate KiwiSaver Member Number

G	E	N							
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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 or visit www.ird.govt.nz/tasks/find-my-ird-number

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

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Details of primary relevant person or Acting solicitor

Title _____ First Name _____ Surname _____

Residential Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

What is your relationship to the Deceased? _____

Additional relevant person (if applicable)

Title _____ First Name _____ Surname _____

Residential Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

What is your relationship to the Deceased? _____

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Payment Details

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

Account Holder's Name

Account Number

Bank _____ Branch _____

Address/PO Box _____

Town/City _____

Proof of your Bank Account

Please provide proof of a nominated New Zealand Bank account which should be in the beneficiaries name or acting solicitors bank account.

Please provide a bank record or document that:

- includes the bank account name
- includes the bank account number
- includes the bank logo

Examples of this include a bank statement, an online bank account statement, an over the counter printed bank receipt with a tellers stamp, signature and date, a pre-coded deposit slip or copy of a cheque.

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Electronic Verification of Identity and Proof of Address (Required for all Signatories)

If you agree to Electronic Identity Verification please tick the box below. If we are unable to identify you using this method or you do not consent, you will need to provide certified ID and address documents as per the Non-Electronic Verification of Identity and Proof of Address section below.

Electronic Identity Verification and Proof of Address

Generate can confirm the identity and/or New Zealand address of many of our clients electronically, with their permission. Please note that we use an external third party system not owned by Generate to conduct identity checks in this way.

I confirm that I give Generate authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my identification – either a current signed Passport or current Driver Licence (front & back) from New Zealand or Australia. Please note, if we are unable to identify you using this method, we will contact you to provide physical documents.

Non-Electronic Verification Identity and Proof of Address

If you have opted not to use Electronic Identity Verification, you will need to provide the following documentation to complete your application.

CERTIFIED COPY OF IDENTIFICATION

OPTION 1

- Passport; or
- New Zealand Driver Licence; or
- New Zealand Firearms Licence

OPTION 2

- Birth Certificate; or
- Citizenship Certificate

AND one of the following:

- Kiwi Access Card (18+); or
- Tertiary Student Photo ID; or
- Current International Driving Permit and a driver licence from another country

CERTIFICATION OF YOUR DOCUMENTS

Provide certified copies of identity documents.

- Certification must be within the last three months.
- Any birth certificates that have been issued before 2003 should be certified or verified.
- The approved person cannot be your spouse, partner, relative or living at the same address as you.
- The approved person could be: a 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.
- For non-photo ID documents such as a death certificate, Will, Probate and Letter of Administration, 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"**
- 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]"**

PROOF OF ADDRESS

Choose one of the acceptable forms of **proof of address** by sending us a copy of an invoice, statement, letter or contract which shows: The applicant's name, is dated within the last 12 months, shows the full residential address (not a PO Box) and displays the Company logo.

- Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)
- Government or local Government agency e.g. IRD, benefits statement, Council notice
- New Zealand Bank correspondence
- Car registration notification/demand
- Non-Generate KiwiSaver correspondence
- Insurance company (car, house, contents)
- Rental tenancy agreement

If you do not have one of the above forms then please provide a copy of an invoice, statement, letter or contract in applicant's name, dated within the **last 3 months**, from one of the following sources:

- Non-bank, non-KiwiSaver financial institution
- Insurance company (health, life)

Privacy Statement

Generate Investment Management Limited (or Generate group companies), Public Trust, any of their authorised agents, and any distributor (each an "Authorised Person") may collect and hold the personal information that you provide to us as part of this application.

Your information will be used by Generate and the Supervisor to manage your relationship with Generate and the Supervisor, to provide products and services to you, to comply with any applicable laws, to offer you further products and services that may be of interest to you and for any other use for which you have given authorisation. We may also disclose your personal information for these purposes to our staff members, related companies, our third party service providers and to the Financial Markets Authority or other applicable regulators. Generate may further use your information to electronically verify your identity. We may pass your information to and check it with the document issuer, official record holder and authorised third parties that Generate has contracted to carry out the verification process. Generate may share your information and the results of the verification process with appropriate third parties (such as a distributor or adviser that will or has been providing services to you) to enable that third party to comply with any applicable laws.

You may request a copy of the information held about you, and if any of the information is incorrect, ask for it to be corrected. You can do this by contacting us by email or call us on 0800 855 322.

For further information about how we handle your personal information, please read our Privacy Statement available at generatewealth.co.nz/privacy-statement/.

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Statutory Declaration

A statutory declaration made in New Zealand must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957 Such as a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take statutory declaration such as a Registrar or Deputy Registrar of the High Court or any District Court or a member of Parliament.

Note: What you write must be true. You can be prosecuted if you make a false declaration. If the statutory declaration is not completed in full, you will be required to have the amendment initialled and dated by the same witness.

Ensure you include your occupation. If you, the Relevant person, are either retired or unemployed please note this in the occupation box. Do not leave this field blank.

I (full legal name as seen on ID)

of (full residential address)

and (occupation (or unemployed/retired))

solemnly and sincerely declare that:

- I am entitled to make this claim and that the information which I have provided in this application is true and correct.
- 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.
- 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).
- That I will apply all proceeds of the Deceased Member's KiwiSaver account towards the administration of the Deceased Member's estate.
- 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.
- 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.
- 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):

- Neither Probate nor Letters of Administration have been granted in respect of the Deceased Member's estate nor will they be applied for.
- 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.

Please tick one (this relates to the withdrawal of Government contributions):

- To the best of my knowledge and belief New Zealand has always been the Deceased's principal place of residence since they first joined KiwiSaver, or
- New Zealand has always been the Deceased's principal place of residence since they first joined KiwiSaver except for the period(s) below. (please specify):

From (insert dates) month / year to month / year

From (insert dates) month / year to month / year

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

Signature (of person making the declaration)

Declared at (place)

On (date)

Before me (person before whom the declaration is made)

Full Name (of person authorised to take declaration)

Occupation (of person authorised to take declaration)

Signature (of person authorised to take declaration)