

NZ Funds KiwiSaver Scheme

Middle name(s)

Application for Withdrawal on Death Probate or Letters of Administration Granted

Use this form to apply for a withdrawal of a death benefit where probate of will or letters of administration have been granted.

Surname

We will also require you to complete an identity verification form, AML Form for an Individual (Form 1), which is available on our website www.nzfunds.co.nz > KiwiSaver > Documents > Member Forms.

Return to NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@linkmarketservices.com.

1. Applicant details

First name

Name Title

Resid	dentia	al add	ress (not P	O Box	()															
Street																					
Suburl	2									Town /	' City								Postco	de.	
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Nam	е									-									-		
Title								(s)				Surnar	ne								
Date Day	ot bii	rth Month		Year																	
Day		IVIOITLII		icai]													

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3. Bank account details

Please pay the	e withdrawal pr	oceeds to th	e accoui	nt belov	W.														
Bank account																			
Bank	lk Branch																		
Bank	Branch Account									Suffix									
Please attach	a copy of a pre	-printed ban	k depos	it slip s	howing th	ie bar	nk ac	count y	ou wou	uld like	the fun	ds dep	osited	into.					
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4. Statuto	ry deciara	ition																	
Name																			
Ι,																			
	sincerely decla																		_
had	their princi	pal place o	of resid	dence	in New	Zea	alan	d for t	he en	itire p	eriod	that	they l	nave l	oeen a	a mer	nber o	of KiwiS	Saver,
OR																			
was	living overs	eas for th	e follo	wing	period:														
Day	Month	Year						Day		Month		Year				_			
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and I ur	nderstand does	s not qualify	to be pai	id the n	nember ta	ax cre	edits f	for this	period					,		_			
And I make thi	is solemn decla	aration conso	cientious	sly belie	eving the	same	to be	e true a	nd by \	rirtue o	f the Oa	aths ar	d Decl	aration	s Act 1	.957.			
Signature																			
Signature of a	pplicant					D	ay		Month		Year				٦				
Declared at (Id	ocation)																		
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5. Checklist

I have:
completed Sections 1, 2, 3 and 4, and
signed and dated Section 4: Statutory Declaration, and
had Section 4 duly authorised.
I attach:
a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made.
Payments will only be made to a third party with the provision of additional information. Please contact us if a third party payment is required.
a certified copy of the Death Certificate.
a certified copy of probate or letters of administration.
The information in this form is being collected for the purpose of effectively managing the deceased member's NZ Funds KiwiSaver Scheme account and

The information in this form is being collected for the purpose of effectively managing the deceased member's NZ Funds KiwiSaver Scheme account and it will be held by NZ Funds. It may be disclosed to third parties to the extent that is necessary to administer the deceased member's withdrawal from the NZ Funds KiwiSaver Scheme. You can ask to see the personal information that NZ Funds holds about you by calling us on 0800 NZF KIWI (693 5494).

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