

### Where there is no probate of will or letters of administration granted

Use this form to apply for a withdrawal of a death benefit where there is no probate of will or letters of administration granted.

1. IRD Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. Member Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____		
First Name(s)	Surname		
4. Postal Address	5. Date of birth		
Street Address/ _____ PO Box _____ Suburb or RD _____ Town or City _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

[illegible]

I apply for payment of the death benefit for the above named member.

Please attach a copy of a pre-printed bank deposit slip showing the bank account you would like the funds deposited into.

## Name of bank account

Bank account no

## Section D Statutory declaration

I, the above named applicant, solemnly and sincerely declare that:

1. My relationship with the deceased was \_\_\_\_\_  
\_\_\_\_\_
2. Administration of the deceased's estate has not been obtained in New Zealand.
3. To the best of my knowledge, the deceased member:  
☐ Has had their principal residence in New Zealand for the entire period that they have been a member of KiwiSaver  
☐ Was living overseas for the following period  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_ [insert dates]  
and I understand does not qualify to be paid the member tax credit for this period
4. I agree to release, discharge and indemnify the Manager and the Trustee against any claim that may be made against them in connection with the payment of the death benefit paid to me from the Scheme in respect of deceased member named in this application.

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

Signature \_\_\_\_\_  
*Your signature*

Declared at \_\_\_\_\_  
*Location*

\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
*Date*

Signature \_\_\_\_\_  
*Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration*

\_\_\_\_\_  
*Declaration taker's details/stamp*

## Checklist

- I have ☐ completed Sections A, B, C & D and  
☐ signed and dated Section D – i.e., the Statutory Declaration  
☐ had Section D 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  
☐ proof of my relationship with the member e.g., marriage/birth certificate

Please return the completed form and documentation to:

BCF KiwiSaver Scheme, C/- MJW, PO Box 11330, Wellington 6142

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 4636).

The information in this form is being collected for the purposes of effectively managing the deceased member's BCF KiwiSaver Scheme account and it will be held by MJW. It may be disclosed to third parties to the extent that is necessary to administer the deceased member's withdrawal from the BCF KiwiSaver Scheme. You can ask to see the personal information that MJW holds about you by calling us on 0800 223 4636