

## Application for Withdrawal – Death Benefit

## Where probate of will 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.

## Section A Deceased Member's Personal Details

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"/>
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"/>			

## Section B Your Personal Details

[illegible]

## Section C Withdrawal Request

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.

### Bank account details

Name of bank account \_\_\_\_\_

Bank account no

## Section D Statutory declaration

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

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

☐ a certified copy of probate or letters of administration

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 your 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 any 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.