

Deceased Member Withdrawal Form

About this form

This form is for applying for a withdrawal from a deceased member's account.

For help completing this form, phone **0800 586 657**.

Once complete, please email an electronic copy to **withdrawals@piefunds.co.nz** or post the completed form to:

Pie KiwiSaver Scheme,
PO BOX 33 1079,
Takapuna,
Auckland 0622

Please note, it can take up to 15 working days for the application to be reviewed and processed.

If the member's account balance is over \$15,000

If the member left a will, you will need to provide us with a certified copy of probate and this form should be completed by the executor of the will. If the member did not leave a will, you will need to provide us with a certified copy of Letters of Administration and this form should be completed by the Administrator of the estate.

If the member's account balance is less than \$15,000

If the member's balance is less than \$15,000 and no Probate or Letters of Administration are applied for, the following people can act as the Personal Representative of the member and may complete this form:

- the widow, widower, surviving civil union partner, or children of the deceased person;
- a surviving de facto partner of the deceased person;
- the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person (you will need to provide a certified copy of the latest will);
- any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand;
- 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 or any of them;
- any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors.

Checklist

Please complete the checklist below and supply the relevant documents to support your request.

Sections 1-4: Complete

Section 5: Provide proof of identity

Section 6: Provide proof of address

Section 7: Certifying your proof of identity

Section 8: Confirm the member's New Zealand residency

Section 9: Read the privacy statement

Section 10: Complete the Statutory Declaration in front of a witness

Supporting documentation:

Certified copy of death certificate

Evidence of your relationship with the deceased

Certified copy of Will and Probate or Letter of administration

Section 1: Details of the deceased member

Title	First name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Pie Funds Management KiwiSaver account number <i>(if known)</i>	
<input type="text"/>	<input type="text"/>	

Section 2: Details of personal representative(s)

Person 1

Title	First name/s	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Relationship to deceased	Pie Funds Management KiwiSaver account number <i>(if member)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address	Physical address		
<input type="text"/>	<input type="text"/>		
Postal address	City	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home number	Work number	Mobile number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Person 2

Title	First name/s	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Relationship to deceased	Pie Funds Management KiwiSaver account number <i>(if member)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address	Physical address		
<input type="text"/>	<input type="text"/>		
Postal address	City	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home number	Work number	Mobile number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 3: Payment details

Payment will only be made in New Zealand dollars to a New Zealand bank account. The bank account must be in the name of the member's estate, personal representative(s) or solicitor's trust account.

Account name	Name of bank	
<input type="text"/>	<input type="text"/>	
Account 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Branch address	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4: Proof of bank account

Please provide proof of your nominated bank account name and number by supplying a certified copy of any **ONE** of the following:

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a teller's stamp
- an bank account statement with the name of the bank in the header/footer

Section 5: Proof of identity and address

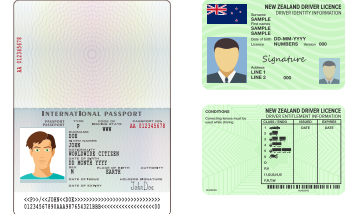
One of the following:

- Passport (pages containing name, date of birth, photograph and signature)
- New Zealand driver licence (front and back) plus bank statement

OR

- Full birth certificate, **plus** one of the following:
- Overseas driver licence (front and back)
- 18+ Card

Examples



Proof of Address - Please provide proof of your physical address (not a PO Box) by sending us a certified copy of an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the following sources:

- Utility providers e.g. water, electricity, gas, telecommunications
- Professional service providers e.g. lawyer, accountant
- Major service providers e.g. Sky TV, Internet provider, newspaper, insurance

Section 6: Certification

Your identity documents must be certified by one of the following people:

- Justice of the peace
- Registered lawyer
- Chartered accountant
- Registered teacher
- Registered medical doctor
- Police officer
- Notary public
- Member of parliament

The person certifying your documents must include their name, occupation, signature and date of certification. Certification is valid for three months and must have been carried out within three months of your application.

Section 7: Confirmation of New Zealand residency

I/we confirm that for the period the deceased was a member of KiwiSaver, their principal place of residence was New Zealand except for the following periods:

From	To
<input type="text"/>	<input type="text"/>

From	To
<input type="text"/>	<input type="text"/>

From	To
<input type="text"/>	<input type="text"/>

- The member's place of residence was New Zealand for the entire period they were a member of KiwiSaver.

Section 8: Privacy statement

Any information that you provide may be used by Pie Funds Management Limited (as manager of the Pie KiwiSaver Scheme) and the Supervisor (Trustees Executors Limited) and any of their respective related entities, and by other service providers to the Scheme to provide services in relation to your request. You have the right to access the information held by us and you may also request that it be corrected. If you do not provide your information, we may not be able to process your request. Our privacy policy is available at www.piefunds.co.nz

Section 9: Statutory declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed in front of an authorised person who will witness the declaration.

Who can witness me making the declaration?

The following people can witness you making the declaration:

- Notary Public
- Justice of the Peace
- New Zealand lawyer
- A person who has legal authority to take statutory declarations in New Zealand.

Please note that the certifier must be at least 16 years of age and cannot be related to you, your spouse or partner or a person who lives at the same address as you.

By signing below, I agree/confirm the following:

- Completed Statutory Declaration witnessed by any person, within the last three months, who is authorised to take Statutory Declarations.
- I am applying to the Supervisor for a withdrawal from the deceased member's Pie KiwiSaver Scheme account as detailed in this application;
- I understand that Pie KiwiSaver Scheme and/or the Supervisor may request additional information from me relating to this application;
- I understand that when the member's account is released that their Pie KiwiSaver Scheme account will be closed;
- The information given in this form is true and correct. I acknowledge that the Manager, Pie Funds Management Limited, and Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify each of them (jointly and severally) against any 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 omission).

If the member's account is less than \$15,000, please tick below

- I am the person/one of the people entitled to take out the Letters of Administration for the estate of the deceased member and I/we do not intend to apply for Letters of Administration.
- The deceased member left a will (a copy of which is attached), under which I am/we are appointed as the executor(s) and that I/we do not intend to apply for probate of it.

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

Signature of applicant

Date

Declared at the following address

Name of witness

Date

Signature of witness