

MERCER KIWISAVER SCHEME

DEATH CLAIM – REQUEST FOR PAYMENT



This form must be completed by all of the Deceased Member's **Personal Representative(s)** or a Lawyer acting on their behalf:

- where the Deceased left a Will, this means by the person(s) who has been granted **Probate**, or
- where the Deceased did not leave a Will, this means by the person(s) who has been granted **Letters of Administration**

Note 1: Where there are more than three Personal Representatives, please complete and attach an additional 'Death Claim – Request for Payment' form.

Note 2: We will need to sight Probate or Letters of Administration unless the Deceased Member's KiwiSaver account balance is less than \$15,000.

If you need assistance completing this form, please feel free to contact our toll-free Helpline on **0508 637 237**.

Privacy Statement

Information in this form and any requested documents are being collected to enable administration of this account.

The Privacy Act entitles the account holder to access and to request correction of any personal information.

Please print in black or blue pen, in uppercase, one character per box and all that apply.

PROCEDURE FOR COMPLETING THIS FORM

1. Complete all sections of the form

2. Attach

- a certified copy* of the **Death Certificate**; and either
- where the deceased left a Will - a certified copy* of the Will, and of the grant of **Probate****; or
- where the Deceased did not leave a Will – a certified copy* of the **Letters of Administration****
- a bank deposit slip (where payment is to be credited to a bank account)

* Document copies must be certified as true copies by a Lawyer, Justice of the Peace or Notary Public.

** For accounts less than \$15,000 where Probate or Letters of Administration are not being applied for please complete Step 4 of this form.

3. Complete the Statutory Declaration

The Statutory Declaration must be made by the Deceased's Personal Representatives or a Lawyer acting on their behalf in front of a Lawyer, Justice of the Peace, Notary Public or other person authorised to take Statutory Declarations.

4. All Personal Representative(s) must attach documents that confirm their identity and residential address.

Please see 'Confirmation of identity' Guide on mercerkiwisaverscheme.co.nz

Return the completed form and attached documents to: Mercer (N.Z.) Limited, PO Box 1849, Wellington 6140

STEP 1 – DECEASED'S PERSONAL DETAILS

Membership number

IRD number

Title: Mr Mrs Ms Miss Other

Date of birth / /

First name

Middle name(s)

Surname

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Membership number

STEP 2 – DETAILS OF ALL PERSONAL REPRESENTATIVES OR LAWYER ACTING

1 Name of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

2 Name of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

3 Name of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

STEP 3 – PAYMENT OF DEATH BENEFIT

Payment is to be (tick one):

credited to a bank account (please provide a bank deposit slip)

OR

sent by cheque to the address of the first recorded Personal Representative shown in Step 2

Mercer will only make payment for the benefit of the estate to a New Zealand bank account or send a cheque in New Zealand dollars.

Remember to cancel direct debits or automatic payments to the KiwiSaver scheme.

STEP 4 - CONFIRMING REPRESENTATIVE'S IDENTITY



Copies of your documents can be certified by one of the following: Justice of the Peace, Solicitor, Notary Public or Member of Parliament. For a full list of certifiers and acceptable documents and how these can be certified please read the Confirmation of Identity Guide available on mercerkiwisaverscheme.co.nz website.



To the certifier:

The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their **Full Name, Occupation, Date and Signature** and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual. Certification is valid for three months.

PROVIDE A CERTIFIED PHOTOCOPY OF CURRENT AND VALID DOCUMENTS.

A Confirm your identity by providing a CERTIFIED COPY of:

OPTION 1 – A certified photocopy of ONE of:

- A NZ / overseas passport A NZ firearms licence An overseas government national identity card.

OR OPTION 2 – A certified photocopy of ONE of: + ONE of:

- A NZ / international driver's licence; or A NZ / overseas birth certificate; or
 An 18+ card. A NZ / overseas citizenship certificate.

OR OPTION 3: A certified photocopy of: + ONE of:

- A New Zealand driver's licence A credit card, debit or EFTPOS card issued by a NZ bank with the name and signature on the card; or
 A SuperGold card or Community Services card.

B Confirm your residential address by providing an original or a copy of one of the following (can't be more than 6 months old):

- Bank statement OR Utility bill OR Inland Revenue statement

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OR OPTION 2 – A certified photocopy of ONE of: + ONE of:

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 A SuperGold card or Community Services card.

B Confirm your residential address by providing an original or a copy of one of the following (can't be more than 6 months old):

- Bank statement OR Utility bill OR Inland Revenue statement

Membership number

STEP 5 – STATUTORY DECLARATION BY ALL THE PERSONAL REPRESENTATIVES OR LAWYER ACTING

I solemnly and sincerely declare that:

I am entitled to make this claim and that all the information which I have provided in this form and in all included materials is true and correct. To the best of my knowledge and belief, the Deceased's principal place of residence during the period that he/she was a KiwiSaver scheme member was in New Zealand.

If the Deceased did not reside principally in New Zealand for any period that he/she was a KiwiSaver member, please specify that period(s):

By receiving payment of the benefit due to the Deceased, I release all claims that have been made or may be made on Mercer (N.Z.) Limited and/or the Supervisor of the Deceased's KiwiSaver scheme.

I have read and understood the information regarding the Privacy Act 1993.

Smaller Estates (where applicable)

I declare that the Deceased (tick one)

- left a Will, and Probate is not being applied for
- did not leave a Will and Letters of Administration are not being applied for

I further declare and undertake:

That I am entitled to claim the proceeds of the Deceased's KiwiSaver account under Section 65 of the Administration Act 1969. I will apply the account proceeds in due course of administration.

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


I, <small>FULL NAME</small>	
of <small>ADDRESS</small>	
<small>OCCUPATION</small>	
Your signature X	
Declared at <small>LOCATION</small>	Date <small>DAY/MONTH/YEAR</small>

I, <small>FULL NAME</small>	
of <small>ADDRESS</small>	
<small>OCCUPATION</small>	
Your signature X	
Declared at <small>LOCATION</small>	Date <small>DAY/MONTH/YEAR</small>

I, <small>FULL NAME</small>	
of <small>ADDRESS</small>	
<small>OCCUPATION</small>	
Your signature X	
Declared at <small>LOCATION</small>	Date <small>DAY/MONTH/YEAR</small>

Before me (JP, solicitor, notary public, a Registrar or Deputy Registrar of the District Court or the High Court or other person authorised to take a Statutory Declaration in accordance with the Oaths and Declarations Act 1957).

<small>NAME (PLEASE PRINT)</small>		
of <small>CITY</small>	<small>OCCUPATION</small>	
Signature X	Date <small>DAY/MONTH/YEAR</small>	
<small>STAMP</small>		

 **Please return your completed form to:**
Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140
New Zealand