

MERCER FLEXISAVER DEATH CLAIM – REQUEST FOR PAYMENT

If you need help completing this form please call us on **0508 637 237**.



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 FlexiSaver account balance is less than \$15,000.

If you need assistance completing this form, please call 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, Notary Public or responsible officer of a Trustee company.

** 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 www.mycermer.co.nz

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

STEP 1 – DECEASED'S MEMBER DETAILS

Member 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

Member number

STEP 2 – DETAILS OF ALL PERSONAL REPRESENTATIVES OR LAWYER ACTING

1 Name and relationship of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

2 Name and relationship of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

3 Name and relationship 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

The Manager 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 automatics payments to Mercer FlexiSaver.

Member number

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

I/We solemnly and sincerely declare that:

I am/We are 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. By receiving payment of the benefit due to the Deceased, I release all claims that have been made or may be made on the Manager and/or the Supervisor of the Deceased's FlexiSaver account.

I/We have read and understood the Privacy Statement.

Smaller Estates (where applicable)

I/We 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/We further declare and undertake:

That I am/we are entitled to claim the proceeds of the Deceased's FlexiSaver account under Section 65 of the Administration Act 1969.

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

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

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

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).

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

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