

Withdrawal Form

DEATH OF MEMBER

Member's details

Title Given name(s) (please print) Surname

Postal address

Street number and name Suburb

Town/City Postcode Country

IRD no. Fisher Funds KiwiSaver Member Number

Executor's details

Title Given name(s) (please print) Surname

Postal address

Street number and name Suburb

Town/City Postcode

Home phone Business phone Mobile phone

Death of member withdrawal request

Please send us the following information with this withdrawal request.

1. A certified copy of the death certificate
2. A certified copy of the Grant of Probate or the Letter of Administration
3. Details of the solicitors or parties acting for the estate
4. Information concerning the dependants of the deceased (if a will has not been completed)
5. I confirm that the member has lived in New Zealand since opening their KiwiSaver account (or advise below if otherwise).

If the member named above has lived overseas since opening his/her KiwiSaver account, please tell us the periods for which that member had his/her principal place of residence in New Zealand since opening the KiwiSaver account:

Please note that the Trustee may request more information.

Payment details

Note: Fisher Funds will only make payments in New Zealand dollars to a New Zealand bank account.

Name of bank account

Bank Branch number Account number Suffix

Statutory Declaration

I do solemnly and sincerely declare that the member named above has lived in New Zealand since opening their KiwiSaver account, or (if otherwise) I have detailed above the periods for which the member had his/her principal place of residence in New Zealand since opening his/her KiwiSaver account.

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

Signature of executor

Date

Before me

Date

A justice of the peace, or solicitor, or notary public, or other person authorised to take a statutory declaration.

I certify that I have read the notes and that all information I have supplied is correct.

Send your completed form to Fisher Funds, c/o Trustees Executors, PO Box 409, Wellington, 6140