MILFORD
INVESTED IN YOU

Milford KiwiSaver Plan
Death of a Member Withdrawal Form

Once complete, please return this form along with supporting documentation to:
Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140.

Important Information
Use this form to apply for the withdrawal of a deceased Milford KiwiSaver Plan member's accumulation if you are the Personal Representative(s), relevant person(s) under section 65 of the Administration Act 1969, or a Lawyer acting on behalf of a deceased member.

Balance over $40,000
This form should be completed by all of the deceased's Personal Representatives, being either:
- where the Deceased left a Will, the person(s) who has been granted Probate; or
- where the Deceased did not leave a Will, the person(s) who has been granted Letters of Administration.

Please complete sections 1, 2, 3 & 6 of this form.

Balance under $40,000 and claimant(s) under section 65 of the Administration Act 1969
Please note that where Probate/Letters of Administration are not required to be applied for, and will not be applied for, and if the value of the deceased member's account is less than $40,000, any of the persons below may be entitled to complete this form.
- Wife, Husband, Civil Union partner or De facto partner
- Child
- Person beneficially entitled to the estate in the Will or on intestacy
- Person entitled to obtain administration of the estate in New Zealand
- Person related by blood, marriage or civil union to the deceased who undertakes to maintain the children (who are minors) of that person
- Person who has custody and control of the children of the deceased (who are minors)

Please complete sections 1, 2, 3 & 5 of this form

1. Deceased Member's Details

TITLE | FIRST NAME(S) | MIDDLE NAME(S) | SURNAME

INVESTOR NUMBER (M L) | IRD NUMBER | DATE OF BIRTH (/ /)

EMAIL | CONTACT PHONE NUMBER

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

CITY | COUNTRY | POSTCODE

KSDE0426

2. Details of Personal Representatives/Executor/Claimant

1. REPRESENTATIVE/EXECUTOR/CLAIMANT

TITLE | FIRST NAME(S) | MIDDLE NAME(S) | SURNAME

DATE OF BIRTH

/ /

EMAIL | CONTACT PHONE NUMBER

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

CITY | COUNTRY | POSTCODE

2. REPRESENTATIVE/EXECUTOR/CLAIMANT

TITLE | FIRST NAME(S) | MIDDLE NAME(S) | SURNAME

DATE OF BIRTH

/ /

EMAIL | CONTACT PHONE NUMBER

PHYSICAL ADDRESS (cannot be a PO Box) | SUBURB

CITY | COUNTRY | POSTCODE

POSTAL ADDRESS (if different from physical address) | SUBURB

CITY | COUNTRY | POSTCODE

Identification Requirements

The Anti- Money Laundering and Countering Financing of Terrorism Act 2009 requires Milford to verify the identity of people acting on behalf of an account. We have two options confirm your identity. Please select one of the options below.

Option 1 - Electronically, using a third party identity verification system.
Option 2 - Investor providing certified copies of their identity and proof of address documents.

Please select one option for each Personal Representative/Executor/Claimant.

REPRESENTATIVE/EXECUTOR/CLAIMANT ONE:

Option 1

☐ I confirm that I give Milford authority to check my identity and/or New Zealand address electronically using the documentation provided. I have included a copy of my current signed NZ Passport or NZ Driver Licence (front & back)
Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

FULL NAME as it appears on the chosen document

RESIDENTIAL ADDRESS | COUNTRY | POSTCODE

or

Option 2

☐ Please verify my identity and address with the attached documents:
- Certified copy of identification document/s
- Certified copy of physical address

For further detail on physical documentation requirements, including who can certify them, please see page 8.

REPRESENTATIVE/EXECUTOR/CLAIMANT TWO:

Option 1

☐ I confirm that I give Milford authority to check my identity and/or New Zealand address electronically using the documentation provided. I have included a copy of my current signed NZ Passport or NZ Driver Licence (front & back)
Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

FULL NAME as it appears on the chosen document

RESIDENTIAL ADDRESS | COUNTRY | POSTCODE

or

Option 2

☐ Please verify my identity and address with the attached documents:
- Certified copy of identification document/s
- Certified copy of physical address

For further detail on physical documentation requirements, including who can certify them, please see page 8.

3. Payment Details

Please note:
- Any withdrawal payments will only be paid in New Zealand dollars to a New Zealand bank account.
- Upon receipt of the deceased member's savings, you are legally required to apply the money in the administration of the deceased's estate.
- Remember to cancel direct debits or automatic payments to the deceased's account.
- The Manager will adjust the withdrawal amount for any tax liability arising as a result of the withdrawal request.
- The withdrawal will be processed at the unit price(s) applying on the business day after your request is approved or accepted.

ACCOUNT NAME

BANK NAME

BANK ACCOUNT NUMBER

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

PARTICULARS TO APPEAR ON STATEMENT

CODE AND REFERENCE

Please provide a pre printed deposit slip or a bank statement dated within the last 12 months as proof of bank account.

4. Privacy

I agree that the Supervisor, the Manager, Milford and any of their authorised agents (each an 'Authorised Person') may collect and use the information set out in (or in connection with) this form for the purpose for which it is provided. Each Authorised Person will hold the information securely and may use it in developing and running the Milford KiwiSaver Plan. I may ask any Authorised Person to show me the personal information it holds about me to make corrections to it. The information set out in this form will be collected and held by Milford Asset Management.

5. Statutory Declaration - for balances under $40,000

A Statutory Declaration is a written statement that allows a person to declare something to be true. You'll need to complete the following page in front of an authorised person. The following people can witness you making the declaration:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;
- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament; or
- any other person authorised to take a statutory declaration

REPRESENTATIVE/EXECUTOR/CLAIMANT

I, FULL NAME

of, ADDRESS

and, OCCUPATION

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information provided in (or in connection with) this form is true and correct.
- I will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.
- I declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined a KiwiSaver scheme was in New Zealand or that I have listed below the periods for which the deceased did not reside principally in New Zealand since becoming a KiwiSaver member.

  from / / to / / from / / to / /

- I acknowledge that Milford, the Supervisor and the Manager of the Milford KiwiSaver Plan will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) 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 by omission).
- I understand that the withdrawal value will be based upon the unit price(s) applying on the business day after my request is approved or accepted and that fees, taxes and expenses may be deducted.
- I understand that by completing this form I will be providing personal information about me which will be held securely by the Supervisor and/or Manager of the Milford KiwiSaver Plan in accordance with section 4. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

Balances under $40,000 and claim being under section 65 of the Administration Act 1969

- I further declare that the deceased (select one)

☐ left a Will, and Probate has not and will not be applied for; or.

☐ did not leave a Will, and Letters of Administration have not and will not be applied for.

- My relationship to the deceased was

Death of a Member Withdrawal Form (continued)

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

SIGNATURE OF REPRESENTATIVE/EXECUTOR/CLAIMANT

DECLARED AT (place)

ON (date)

/ /

BEFORE (full name and occupation of person authorised to take declaration)

SIGNATURE (of person authorised to take declaration)

6. Statutory Declaration - for balances over $40,000

A Statutory Declaration is a written statement that allows a person to declare something to be true. You'll need to complete the following page in front of an authorised person. The following people can witness you making the declaration:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;
- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament; or
- any other person authorised to take a statutory declaration

REPRESENTATIVE/EXECUTOR/CLAIMANT

I, FULL NAME

of, ADDRESS

and, OCCUPATION

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information provided in (or in connection with) this form is true and correct.
- I will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.
- I declare that to the best of my knowledge and belief, the deceased's principal place of residence since the deceased first joined a KiwiSaver scheme was in New Zealand or that I have listed below the periods for which the deceased did not reside principally in New Zealand since becoming a KiwiSaver member.

  from / / to / / from / / to / /

- I acknowledge that Milford, the Supervisor and the Manager of the Milford KiwiSaver Plan will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) 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 by omission).
- I understand that the withdrawal value will be based upon the unit price(s) applying on the business day after my request is approved or accepted and that fees, taxes and expenses may be deducted.
- I understand that by completing this form I will be providing personal information about me which will be held securely by the Supervisor and/or Manager of the Milford KiwiSaver Plan in accordance with section 4. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

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

SIGNATURE OF REPRESENTATIVE/EXECUTOR/CLAIMANT

DECLARED AT (place)

ON (date) / /

BEFORE (full name and occupation of person authorised to take declaration)

SIGNATURE (of person authorised to take declaration)

Checklist

Please return the completed form and the following documents (as applicable):

- ☐ An original, certified copy of the Death Certificate or Medical Cause of Death Certificate
- ☐ An original, certified copy of Probate or Letters of Administration
- ☐ A bank deposit slip for the account to be credited
- ☐ Original certified copies of driver licence or passport showing the signature for each Personal Representative and certified proof of address OR Electronic Identity Verification permission with a copy of current signed passport or driver licence.
- ☐ Bank statement dated within the previous 12 months for each Personal Representative.

For balances under $40,000 and claim being made under section 65 of the Administration Act 1969 please provide the following:

- ☐ An original, certified copy of the Death Certificate or Medical Cause of Death Certificate
- ☐ An original, certified copy of the Will (if the deceased left a Will)
- ☐ An original, certified copy of evidence of the relationship to the deceased e.g. Marriage/Birth Certificate
- ☐ A bank deposit slip for the account to be credited
- ☐ Original certified copy of driver licence or passport showing the signature for the claimant and certified proof of address OR Electronic Identity Verification permission with a copy of current signed passport or driver licence.
- ☐ Bank statement dated within the previous 12 months for each Personal Representative.

Please note:

- Copies of documents must be certified as true copies by a Justice of the Peace, Solicitor, Notary Public or another person authorised to take a statutory declaration.
- The statutory declaration must be made in front of a Justice of the Peace, Solicitor, Notary Public or another person authorised to take statutory declarations under the Oaths and Declarations Act 1957.
- Where there are more than two Personal Representatives or relevant persons, please complete and attach an additional Death of a Member Withdrawal form.

If you need help completing this form please call 0800 662 346