

Application for withdrawal – death benefit

Where there is no probate or letters of administration granted

Aon KiwiSaver Scheme

Use this form to apply for a withdrawal of a death benefit where there is no probate of will or letters of administration granted.

Section A: Deceased member's personal details

IRD number - -

Member number **A** **O** **N**

Date of birth / /

Title: Mr Mrs Miss Ms Other

First name(s) Surname

Postal address Postcode

Section B: Your personal details

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Postal address Postcode

Direct phone Mobile

Email

Note: If there is more than one applicant please complete the above details for each additional applicant on a separate piece of paper and attach to this application.

Section C: Withdrawal request

I apply for payment of the death benefit for the above named member. Please attach a pre-printed bank deposit slip showing the bank account you would like the funds deposited into. Payment will only be made in New Zealand dollars to a New Zealand bank account.

Bank account name

Bank account number

Section D: Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing the deceased member's Aon KiwiSaver Scheme account in compliance with all relevant law. If you do not provide us with the personal information, we may not be able to process or may refuse your application. The information may be used by, and disclosed to the supervisor, the Manager (Aon Saver Limited), the Administration Manager, or other entity involved in the administration and management of the Aon KiwiSaver Scheme (including Inland Revenue and any regulatory body) or your financial adviser.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Aon Saver Limited), whose address is PO Box 332 Shortland Street, Auckland 1140, and will be held by Link Market Services Limited who you can contact at PO Box 332 Shortland Street, Auckland 1140. You can request access to your personal information and can ask that it is corrected by calling 0800 266 463.

Section E: Your statutory declaration

I, , of
(Name) (Residential address)
, solemnly and sincerely declare that:
(Occupation)

1. My relationship with the deceased was
2. The deceased:
 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.
3. I am entitled to make this claim and all information provided in this application and the attached documents (if any) is true and correct.
4. I will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.
5. To the best of my knowledge and belief, the deceased member:
 has had their principal residence in New Zealand for the entire period that they have been a member of KiwiSaver, **or**
 was living overseas for the following dates / / to / /
and I understand does not qualify to be paid the member tax credit for this period.
6. I understand that the value of the withdrawal will be based on the unit price(s) at the date my request is processed and that fees, taxes and expenses may be deducted.
7. I understand that by completing this form I will be providing personal information about me which will be held in accordance with Section D above. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.
8. I agree to release, discharge and indemnify the Manager and the Supervisor against any claim that may be made against them in connection with the payment of the death benefit paid to me from the Scheme in respect of deceased member named in this application.

continued on following page

Section E: Your statutory declaration (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

(your signature)

Declared at

(location)

Date / /

Before me (JP, Solicitor, Notary Public or other person authorised to take a statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of parliament):

Full name

Occupation

Signature

Declaration taker's details/stamp

Checklist

I have:

- completed all Sections of the form
- signed and dated Section E - i.e., the Statutory Declaration
- had Section E duly completed in the presence of a person authorised to take a statutory declaration.

I attach:

- a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made. Payments will only be made to a third party with the provision of additional information. Please contact us if a third party payment is required.
- a certified copy of the Death Certificate
- proof of my relationship with the member e.g., marriage/birth certificate

Please return the completed form and documentation to:

Freepost Aon Retirement Saving

Aon KiwiSaver Scheme, P O Box 332, Shortland St, Auckland 1140.

If you have any questions about completing this form, please call 0800 AON INFO (0800 266 463).