

Use this form to apply for withdrawal of a deceased member's (the Deceased) ASB KiwiSaver Scheme savings. Depending on the Deceased's ASB KiwiSaver Scheme account balance (the Deceased's Savings) you will need to complete either A or B of the following section. If you do not know the balance of the Deceased's ASB KiwiSaver Scheme account call 0800 ASB RETIRE (0800 272 738) or email retire@asb.co.nz

Note: We will only inform the caller what section will need to be completed.

**A. The Deceased's Savings are OVER \$15,000**

This form should be completed by all of the Deceased's personal representatives, being either:

- The Deceased left a will, the person(s) who have been granted probate; or
- Where the Deceased did not leave a will, the person(s) who have been granted letters of administration.

Either probate or letters of administration must be supplied with this application if the Deceased's ASB KiwiSaver Scheme account balance is over \$15,000. Both probate and letters of administration are obtained through the High Court. Applications are usually made by a solicitor, on behalf of the estate.

Did the Deceased leave a will?	Document required	Estate's personal representative
<input type="radio"/> Yes	Probate	Executor
<input type="radio"/> No	Letters of administration	Administrator

**B. The Deceased's Savings are UNDER \$15,000**

If the Deceased's Savings are under \$15,000 and no application has been made or is intended to be made for probate or letters of administration.

Any of the following people or executors named in the Deceased's will may apply for a withdrawal of the Deceased's savings by completing this form, along with the statutory declaration in section 6:

- the person(s) named in the Deceased's will (if there is one);
- the husband, wife or surviving civil union partner;
- a surviving de facto partner of the Deceased;
- children of the Deceased;
- a parent of the Deceased;
- a sibling of the Deceased;
- the persons beneficially entitled to the estate of the Deceased under the will or on the intestacy of the Deceased;
- any person appearing to be entitled to obtain administration of the estate of the Deceased in New Zealand;
- any person related by blood or marriage or civil union to the Deceased who undertakes to maintain the children of the Deceased who are minors or any of them; or
- any person who has and is exercising the role of providing day-to-day care for any of the children of the Deceased who are minors.

**1. Personal details of the Deceased**

Title  Other

Mr  Mrs  Miss  Ms  Mx

First names

Surname

Date of birth

Date of death

ASB KiwiSaver Scheme Member Number (if known)

**A**  **S**  **B**  **K**  **S**

Last known address

Number and details

Suburb

City

Country  Postcode

## 2. Personal representative details

### Personal representative 1

Title  Other

Mr  Mrs  Miss  Ms  Mx

First names  Surname

Relationship to the Deceased

Date of birth  Telephone

D  D  M  M  Y  Y  Y  Y

Email

Postal address

Number and details

Suburb  City

Country  Postcode

Job title

Employer

Industry of employment

### Personal representative 2

Title  Other

Mr  Mrs  Miss  Ms  Mx

First names  Surname

Relationship to the Deceased

Date of birth  Telephone

D  D  M  M  Y  Y  Y  Y

Email

Postal address

Number and details

Suburb  City

Country  Postcode

Job title

Employer

Industry of employment

## 3. Withdrawal details

I/We request that the withdrawal proceeds are paid to the following bank account (please attach a pre-printed or bank-verified deposit slip):

Bank account name

Bank account number

Please complete the following if paying to more than one bank account:

Bank account name

Bank account number

This bank account must be in the name of the estate, solicitor's trust account or the personal representative or representatives.

If paying to more than two bank accounts, please use another copy of this form.

## 4. Identity and address verification of personal representative or representatives

To proceed with this withdrawal request we need to verify the identity and address details of all personal representatives listed on this form.

Please see the following tables for information on the documents to be provided.

If you are unsure what you need to provide, or if you have any questions, please call us on 0800 ASB RETIRE (0800 272 738).

### Identification

	Primary Identification Document	Secondary Identification Document
Set One	<ul style="list-style-type: none"> <li>✓ Passport (NZ or overseas*)</li> <li>✓ New Zealand Firearms Licence</li> </ul>	Not Required
Set Two	<ul style="list-style-type: none"> <li>✓ New Zealand driver licence</li> </ul>	<ul style="list-style-type: none"> <li>✓ Non-ASB credit card (with matching signature and embossed name)</li> <li>✓ Non-ASB Debit card (with matching signature and embossed name)</li> <li>✓ SuperGold card</li> <li>✓ Non-ASB bank statement</li> <li>✓ Government agency correspondence</li> </ul>
Set Three	<ul style="list-style-type: none"> <li>✓ Birth certificate (NZ or overseas*)</li> <li>✓ Citizenship certificate (NZ or overseas*)</li> </ul>	<ul style="list-style-type: none"> <li>✓ New Zealand driver licence</li> <li>✓ Overseas driver licence (with photo) with an English translation (if required) and accompanied by an International Driving Permit</li> <li>✓ 18+ card or Kiwi Access card</li> <li>✓ New Zealand Armed Forces ID</li> <li>✓ New Zealand Police ID</li> <li>✓ SuperGold card (with photo)</li> <li>✓ Student ID (from NZ institutions only) with photo (under 18 only)</li> </ul>

\*If you supply an overseas passport, citizenship certificate or birth certificate, please also provide a copy of your residency documents. Any documents not in English need to be accompanied by an independent and certified English translation.

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#### 4. Identity and address verification of personal representative or representatives (continued)

##### Proof of address

- These documents should be no more than 12 months old.
- Must show your current residential address.

One item from the list below	Important notes
<ul style="list-style-type: none"> <li>✓ Non-ASB Bank statements or correspondence</li> <li>✓ Government agency correspondence</li> <li>✓ Non-ASB registered KiwiSaver or superannuation scheme correspondence</li> <li>✓ IRD correspondence</li> <li>✓ Current non-ASB insurance policy (house or contents)</li> <li>✓ Local authority rates or water bill</li> <li>✓ Utility bill (gas, power, fixed phone line, internet, SKY TV, On-account mobile phone)</li> </ul>	<ul style="list-style-type: none"> <li>• Posted and digital copies of these documents are acceptable.</li> <li>• Utility bills and local authority bills sent to a PO Box are acceptable as long as your physical address is included on the statement and there is a fixed service provided to that address.</li> <li>• On-account mobile phone statements do not need to contain a fixed service address.</li> </ul>
<ul style="list-style-type: none"> <li>✓ Signed tenancy or lease agreement</li> <li>✓ Driver licence containing address (this must be a current (not expired) driver licence from New Zealand, Australia or the United Kingdom that contains your current residential address)</li> <li>✓ Correspondence from a recognised retirement home (must confirm you reside at the rest home/facility and be from a recognised Ministry of Health certified retirement home provider)</li> </ul>	<ul style="list-style-type: none"> <li>• Documents must be originals.</li> <li>• A tenancy or lease agreement must be signed by both the tenant(s) and landlord.</li> </ul>

If you are unable to provide the required documents, or if you have any questions, please call us on 0800 ASB RETIRE (0800 272 738), visit your nearest ASB branch or contact your ASB Relationship Manager.

##### Certifying your identity and address documents

If you are submitting this form at an ASB Branch, an ASB Staff member can sight your original documents and take copies to attach to the form. Alternatively, all evidence provided must be certified photocopies of your original documents.

Eligible persons with the legal authority to certify documents*	Important notes
<ul style="list-style-type: none"> <li>• A lawyer (as defined in the Lawyers and Conveyancers Act 2006)</li> <li>• A chartered accountant (within the meaning of section 19 of the New Zealand Institute of Chartered Accountants Act 1996)</li> <li>• A notary public</li> <li>• A justice of the peace</li> <li>• A registered medical doctor</li> <li>• An Honorary Consul at a New Zealand Consular office</li> <li>• If overseas, a person authorised by law in that country to take statutory declarations or equivalent.**</li> </ul>	<ul style="list-style-type: none"> <li>• Certified documents may be posted to ASB or presented to a branch.</li> <li>• Electronic scans can be accepted only if sent directly from the eligible person performing the certification.</li> <li>• Certifications must be carried out no earlier than three months prior to the date the form is completed.</li> <li>• The eligible person must be over 16 years of age, must not be related to the customer, must not live at the same address as the customer, and must not be involved in the transaction or business requiring certification.</li> </ul>

\*This list is not exhaustive, please contact ASB for further guidance

\*\*Additional requirements exist for some overseas countries, please contact ASB for further guidance

##### The eligible person who certifies your documents must include:

- Their full name, signature, the date and their qualification or occupation which makes them eligible to certify.
- The following statement on all certified copies of **photographic identity**: "I certify this is a true copy of the original document and the document provided presents a true and correct likeness of the individual named".
- The following statement on certified copies of **all other forms of evidence**: "I certify that this is a true copy of the original documents".

## 5. Required documents

Before you submit this application, please ensure you supply the following documents (please tick):

A. The Deceased's account balance is OVER \$15,000	B. The Deceased's account balance is UNDER \$15,000
ASB KiwiSaver Scheme account is over \$15,000; or ASB KiwiSaver Scheme account is under \$15,000 and probate or letters of administration have been obtained (please tick):	ASB KiwiSaver Scheme account is under \$15,000 and no probate or letters of administration have been obtained (please tick):
<input type="radio"/> A certified copy of the full death certificate of the Deceased member.	<input type="radio"/> A certified copy of the full death certificate of the Deceased member.
<input type="radio"/> Certified copy of probate or letters of administration.	<input type="radio"/> Certified copy of the Deceased's will (if there is one).
<input type="radio"/> Completed and signed statutory declaration in section 6.	<input type="radio"/> Certified copy of evidence of the relationship to the Deceased (e.g. marriage or birth certificate).
<input type="radio"/> Certified ID documents set out in section 4.	<input type="radio"/> Completed and signed statutory declaration in section 6.
<input type="radio"/> Pre-printed or bank-verified deposit slip (must be in the name of the estate, the solicitor's trust account or the personal representative or representatives).	<input type="radio"/> Certified ID documents set out in section 4.
	<input type="radio"/> Pre-printed or bank-verified deposit slip (must be in the name of the estate, the solicitor's trust account or the personal representative or representatives).

### What is a certified copy?

This means that a justice of the peace or solicitor or any other person authorised to take a Statutory Declaration in NZ must certify that the copies being provided are true and correct copies of the original document. To do this, any copied document must have the statement: "I certify that I have sighted the original document and this is a true and correct copy" (stamped or written on the copy) and must be signed by the justice of the peace or solicitor.

## 6. Statutory declaration (to be completed by each personal representative)

A new form needs to be completed if there are more than two personal representatives.

### Personal representative 1:

I \_\_\_\_\_  
(insert name of personal representative making declaration)

of \_\_\_\_\_  
(insert city and occupation of person making declaration)

Relationship to the Deceased  
\_\_\_\_\_

### Personal representative 2:

I \_\_\_\_\_  
(insert name of personal representative making declaration)

of \_\_\_\_\_  
(insert city and occupation of person making declaration)

Relationship to the Deceased  
\_\_\_\_\_

Do solemnly and sincerely declare:

- The information on this application is true and correct.
- In consideration of ASB Group Investments Limited ("ASBGI") paying out the Deceased's Savings as requested, I/we personally undertake to indemnify ASBGI and Public Trust against any claims, losses or liabilities that may be incurred or suffered by ASBGI and Public Trust by reason of ASBGI and Public Trust relying on the above information and releasing the Deceased's Savings as requested.
- To the best of my knowledge and belief, while the Deceased has been a KiwiSaver member (please tick one):

New Zealand has been the Deceased's principal place of residence at all times; or

New Zealand has been the Deceased's principal place of residence for the following period(s):

- 
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### Account Balance under \$15,000 and the Deceased left a will

- I am the executor named in the will of the Deceased.
- I confirm that I do not intend to apply for administration of the Deceased's estate, nor do I know of any person likely to do so.
- I apply to ASBGI to pay the balance held in the Deceased's ASB KiwiSaver Scheme account identified above (the Deceased's Savings) directly to the above address or bank account.

### Account Balance under \$15,000 and the Deceased DID NOT leave a will

- I am a person entitled to obtain administration of the estate of the Deceased in New Zealand.
- I have made a search to see whether the Deceased left a will but cannot find one and believe that the Deceased died intestate.
- I confirm that I do not intend to apply for administration of the Deceased's estate, nor do I know of any person likely to do so.
- I apply to ASBGI to pay the balance held in the Deceased's ASB KiwiSaver Scheme account identified above (the Deceased's Savings) directly to the above address or bank account.

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