



Medical Assurance Society KiwiSaver Plan

Deceased Member withdrawal form

Please send the completed form along with the evidence required to: MAS Superannuation, Freepost 884, PO Box 91976, Victoria Street West, Auckland 1142.



Important note about withdrawing - please read

You should use this form to apply to withdraw a deceased Member's KiwiSaver account balance.

This form can be completed by the following

- the person(s) who have been granted Probate if the deceased left a Will.
- the person(s) who have been granted Letters of Administration if the deceased did not leave a Will.
- any Relevant Person(s) below if no Probate or Letters of Administration have been granted and the deceased Member's KiwiSaver account balance is less than \$15,000.

Relevant Person(s) are

- the surviving spouse, civil union partner, de facto partner or children of the deceased.
- the person beneficially entitled to the estate of the deceased under a Will or intestacy.
- any person entitled to obtain administration of the estate of the deceased.
- any person related by blood or marriage or civil union to the deceased who undertakes to maintain the children of that person who are minors.
- any person who is providing day-to-day care for any of the minor children of the deceased.

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 the grant of Probate**, or
 - where the deceased did not leave a Will, a certified copy* of the Letters of Administration**, and
 - a bank deposit slip (where payment is to be credited to a bank account).

3. Complete the Statutory Declaration

The Statutory Declaration must be made by a deceased's personal representative 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.

* 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 provide your full name and address in the relevant section.

Deceased Member's personal details

Title	<input type="text"/>	First name(s)	<input type="text"/>		
Surname	<input type="text"/>				
Member number	<input type="text"/>	IRD number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>				
	City	Country		Postcode	
Date of birth	<input type="text" value="dd-mm-yyyy"/>				

Details of all personal representatives or lawyer acting

Title	<input type="text"/>	First name(s)	<input type="text"/>			
Surname	<input type="text"/>					
Address	<input type="text"/>					
	City	Country		Postcode		
Email address	<input type="text"/>			Contact number	<input type="text"/>	
Title	<input type="text"/>	First name(s)	<input type="text"/>			
Surname	<input type="text"/>					
Address	<input type="text"/>					
	City	Country		Postcode		
Email address	<input type="text"/>			Contact number	<input type="text"/>	
Title	<input type="text"/>	First name(s)	<input type="text"/>			
Surname	<input type="text"/>					
Address	<input type="text"/>					
	City	Country		Postcode		
Email address	<input type="text"/>			Contact number	<input type="text"/>	

Payment details

Please provide the bank account to make payment to. Please attach proof of bank account, e.g. bank statement, deposit slip or signed screen print of your internet bank accounts.

Bank	Branch	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of account

Statutory declaration

I solemnly declare that:

- My relationship with the deceased was
- To the best of my knowledge, the deceased's principal residence was in New Zealand for the entire period that he/she was a member of KiwiSaver.
- The deceased lived overseas for the following dates to (add a separate list if required).

Balance under \$15,000

I declare that the deceased (please 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,

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

Signature	<input type="text"/>	Declared at	<input type="text"/>	Location	<input type="text"/>
Witnessed by	<input type="text"/>			Insert stamp here	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>		

(Please note: this may only be witnessed by a Justice of the Peace, solicitor or other person authorised to take a statutory declaration as set out in the Oaths and Declarations Act 1957.)

Checklist

I have:

- Completed all parts of this form.
- Signed and dated the statutory declaration.
- Had the statutory declaration duly authorised.

I attach:

- Certified copy of Death Certificate.
- Certified copy of grant of Probate or Letters of Administration.
- Proof of bank account name and number to make payment to (e.g. bank statement or deposit slip).

The information on this form is to enable Medical Assurance Society (MAS) to arrange the withdrawal of the deceased's investment(s) and to correspond with you in relation to the investment(s). Under the Privacy Act 1993, you have the right to access and correct any personal information held by MAS.