

Use this form to apply for withdrawal of a deceased member's (the Deceased) SuperLife savings. Depending on the Deceased's account balance (the Deceased's savings) you will need to complete the relevant section below. If you do not know the balance of the Deceased's account call 0800 27 87 37 or email superlife@superlife.co.nz. **Note:** We will only inform the caller what section will need to be completed. Please return this completed form together with the Statutory Declaration and supporting documentation to: superlife@superlife.co.nz or post to: SuperLife, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

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 SuperLife 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
Yes	Probate	Executor
No	Letters of administration	Administrator

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 5:

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

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.

SECTION 1: PERSONAL DETAILS OF THE DECEASED

Scheme

Member Number (if known)

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

First names

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of death

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Last known address

Street address	
Suburb	
Town/city	
Country	Postcode

SECTION 2: PERSONAL REPRESENTATIVE DETAILS

SECTION 2A: PERSONAL REPRESENTATIVE 1

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First names

Surname

Relationship to the Deceased

Postal address

Street address	
Suburb	
Town/city	
Country	Postcode

Telephone

Email

SECTION 2: PERSONAL REPRESENTATIVE DETAILS (CONTINUED)

SECTION 2B: PERSONAL REPRESENTATIVE 2

Title (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First names

Surname

Relationship to the Deceased

Postal address

Street address

Suburb

Town/city

Country

Postcode

Telephone

Email

SECTION 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

If your application is approved, payment will usually be made within 5-10 business days from the date we receive your application. In order to pay you within this time frame we need:

- all the information required, and
- the final contributions from the employer (if any).

SECTION 4: REQUIRED DOCUMENTS

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

SECTION 4A: THE DECEASED'S ACCOUNT BALANCE IS OVER \$15,000

SuperLife account is over \$15,000; or SuperLife account is under \$15,000 and probate or letters of administration have been obtained (please tick):

- ☐ A certified copy of the full death certificate of the Deceased.
- ☐ Certified copy of probate or letters of administration.
- ☐ Completed and signed statutory declaration in section 5.
- ☐ 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).

SECTION 4B: THE DECEASED'S ACCOUNT BALANCE IS UNDER \$15,000

SuperLife account is under \$15,000 and no probate or letters of administration have been obtained (please tick):

- ☐ A certified copy of the full death certificate of the Deceased.
- ☐ Certified copy of the Deceased's will (if there is one).
- ☐ Certified copy of evidence of the relationship to the Deceased (e.g. marriage or birth certificate).
- ☐ Completed and signed statutory declaration in section 5.
- ☐ 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).

SECTION 5: 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

1. The information on this application is true and correct.
2. In consideration of the Manager paying out the Deceased's savings as requested, I/we personally undertake to indemnify the Manager and Public Trust (the Supervisor) against any claims, losses or liabilities that may be incurred or suffered by the Manager and Supervisor by reason of the Manager and Supervisor relying on the above information and releasing the Deceased's savings as requested.

ACCOUNT BALANCE UNDER \$15,000 AND THE DECEASED LEFT A WILL

3. I am the executor named in the will of the Deceased.
4. 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.
5. I apply to the Manager to pay the balance held in the Deceased's SuperLife 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

3. I am a person entitled to obtain administration of the estate of the Deceased in New Zealand.
4. I have made a search to see whether the Deceased left a will but cannot find one and believe that the Deceased died intestate.
5. 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.
6. I apply to the Manager to pay the balance held in the Deceased's SuperLife account identified above (the Deceased's savings) directly to the above address or bank account.

PERSONAL REPRESENTATIVES:

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

Personal representative 1:

Name of personal representative

Signature of personal representative

Declared at

this day of 20

Before me:

(Eligible person before whom the declaration is made)*

Signature of witness

Full name

Address

Street address	
Suburb	
Town/city	
Country	Postcode

Occupation

Personal representative 2:

Name of personal representative

Signature of personal representative

Declared at

this day of 20

Before me:

(Eligible person before whom the declaration is made)*

Signature of witness

Full name

Address

Street address	
Suburb	
Town/city	
Country	Postcode

Occupation

* Eligible persons with the legal authority to take statutory declarations in New Zealand include:

- a justice of the peace; or
- a barrister or solicitor of the High Court; or
- a notary public; or
- the Registrar or Deputy Registrar of the High Court or of any District Court; or
- a member of Parliament; or
- officers of the Crown or of a local authority within the meaning of the Local Government Act 2002, authorised for that purpose by the Minister of Justice from time to time; or
- an employee of Public Trust constituted under the Public Trust Act 2001, authorised for that purpose by the Minister of Justice from time to time.

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. **We have 2 options available, please select one of the options below:**

OPTION 1: ELECTRONIC IDENTITY AND ADDRESS VERIFICATION

Please tick the box below to give us your consent to electronically verify your details. You will receive a link from **noreply@cloudcheck.co.nz** on the device you are using to do this. Please follow the prompts to have your photo taken. The photo helps us verify the identity of the person presenting the documents.

☐ **I would like to verify my identity and address electronically. I authorise SuperLife to undertake this.**

You must have a valid NZ or Australian passport or driver's licence to complete electronic verification.

If we are unable to successfully identify you through electronic verification, you will need to provide us with the documents as per Option 2 (on the following page).

OPTION 2: CERTIFIED IDENTITY AND ADDRESS DOCUMENTS

If you select this option, you will need to provide SuperLife with certified copies of your ID documents and address proof as listed below. These documents must be posted to Freepost SuperLife, PO Box 105262, Auckland City, 1143.

A certified copy is a photocopy of an original document, on which an authorised person has written: *"I certify this to be a true copy of the original document"* or words to that effect (adding in the case of an identification document the words *"and that it represents the identity of [full name]"*); and – added their name and occupation, the date, their signature, their registration number (or equivalent) and their contact phone number.

The certifier cannot be someone who is related to you, is your spouse or partner, or lives at the same address. Certification must have been completed no more than 3 months prior to this application.

Your identity documents must be certified by one of the following (only if in NZ):

- Justice of the peace
- Registrar/Deputy Registrar
- Registered lawyer
- Notary Public
- Chartered accountant
- Registered doctor
- Kaumatua

Please contact us if you are having documents certified overseas so we can advise who can certify your documents. This list will differ from above.

Identification (please tick one option)

☐

Option 1

One document from this section

☐

NZ Passport (identity page)

☐

Overseas Passport (identity page)

☐

NZ firearms licence

☐

NZ certificate of identity

☐

Option 2

NZ driver's licence PLUS one of the documents from this section

☐

SuperGold card

☐

NZ full birth certificate OR Birth certificate issued by foreign government

☐

NZ citizenship certificate OR Citizenship certificate issued by foreign government

☐

Bank statement or IRD letter issued in your name in the last 6 months

☐

Option 3

Kiwi Access (formally 18+) Card PLUS one of the documents from this section

☐

NZ full birth certificate OR Birth certificate issued by foreign government

☐

NZ citizenship certificate OR Citizenship certificate issued by foreign government

Address

Please supply a certified copy of one of the following as proof of address. The document you provide must be addressed to you showing the residential address you have declared in this application and be dated within the last 12 months:

☐

Letter of invoice from utility company

☐

Bank statement

☐

Letter from government agency e.g., Inland Revenue, Waka Kotahi, rates bill, etc.