

Deceased member withdrawal form

Summer
My Plan

Complete this form and return it to **Salt Investment Funds Limited** via email: **info@summer.co.nz**.
Or by mail to PO Box 2673, Auckland 1140.

The following persons can complete the form:

- The person(s) who has been granted Probate;
- The person(s) who has been granted Letter of Administration;
- Relevant person(s) if no Probate or Letter of Administration have been granted and the deceased Summer member's account balance is less than \$40,000.

Relevant person(s):

Relevant persons under Section 65(2) of the Administration Act 1969 are the following:

- The widow, widower, surviving civil union partner, or children of the deceased Summer member;
- A surviving de facto partner of the deceased Summer member;
- The persons beneficially entitled to the estate of the deceased Summer member under the will or intestacy
- Any person entitled to obtain administration of the estate of the deceased Summer member;
- Any person related by blood or marriage or civil union to the deceased Summer member who undertakes to maintain the children of that person who are minors;
- Any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased Summer member who are minors.

Verification of identity:

We share this information securely and confidentially with our identification providers to verify your identity (as required by law). Please see our privacy policy for more detail. You can view this online at www.summer.co.nz/privacy-policy or call us on 0800 11 55 66 to request a copy. **If you do not have New Zealand Identity documents, please provide a certified copy of your overseas passport or call us on 09 243 1020.**

Deceased Summer member's details

Full name:

Date of Birth:

Day		Month		Year			

Details of Relevant person, Executor or Solicitor acting on behalf

Full name:

Date of Birth:

Day		Month		Year			

Primary contact number:

Email:

Residential address:

Street no./Name/PO Box:

Suburb/RD no.:

Town/City:

Postcode:

Country: New Zealand

Other (please state):

Relationship to Deceased Member:

Verification of Relevant person, Executor, or Solicitor acting on behalf

To get this Summer KiwiSaver scheme withdrawal underway we need to verify the identity of the Relevant Person, Executor, or Solicitor acting on behalf.

NZ Driver licence number:

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Driver licence version:

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NZ Vehicle registration number:

Passport number:

Passport issue date:

Day		Month		Year			

Passport expiry date:

Day		Month		Year			

Please turn over

Details of additional Relevant person, Executor, or Solicitor acting on behalf

Full name:		
Date of Birth:		
Day	Month	Year
Primary contact number:		
Email:		
Residential address:		
Street no./Name/PO Box:		
Suburb/RD no.:		
Town/City:	Postcode:	
Country:	New Zealand	Other (please state):
Relationship to Deceased Member:		

Verification of identity: We share this information securely and confidentially with our identification providers to verify your identity (as required by law). Please see our privacy policy for more detail. You can view this online at www.summer.co.nz/privacy-policy or call us on 0800 11 55 66 to request a copy. **If you do not have New Zealand Identity documents, please provide a certified copy of your overseas passport or call us on 09 243 1020.**

Verification of Relevant person, Executor, or Solicitor acting on behalf

To get this Summer KiwiSaver scheme withdrawal underway we need to verify the identity of the Relevant Person, Executor, or Solicitor acting on behalf.

NZ Driver licence number:	Driver licence version:				
Vehicle registration number:					
NZ Passport number:					
Passport issue date:	Passport expiry date:				
Day	Month	Year	Day	Month	Year

Bank account: We can only accept bank accounts in the name of the Relevant person, Executor, or to the solicitor's trust account or to a bank account in the name of the deceased Summer member.

This form must be accompanied by bank account documentation, matching the bank account details provided in the form. For example: a bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; a verification letter or other document of confirmation provided by the bank.

Payment details (Please provide supporting bank account evidence.)

Bank:	Branch:		
Account name:			
Bank Account:			
Bank	Branch	Account Number	Suffix

Please turn over

Privacy

Please tick this box to indicate that you authorise Summer to:

- collect, hold, and disclose information about you for the purposes of providing services to you, or compliance with anti-money laundering laws and other laws
- collect information about you from, or disclose information about you to:
 - any of our affiliates, who helps us to achieve any of the purposes above,
 - Equifax (www.equifax.co.nz) and Experian/Ilion (www.experian.co.nz) credit reporting agencies,
 - New Zealand Companies office (<https://companies-register.companiesoffice.govt.nz>),
 - Land Information New Zealand (www.linz.govt.nz),
 - New Zealand Transport Agency (www.nzta.govt.nz),
 - New Zealand Government Confirmation Service (www.digital.govt.nz/products-and-services/products-and-services-a-z/confirmation-service),
 - Department of Internal Affairs (www.dia.govt.nz),
 - Data Zoo (www.datazoo.com), through third-party service provider GB Group PLC (www.gbg.com) and its subsidiary Cloudcheck (www.gbg.com/nz/verify-identity/cloudcheck-identity-verification), and
 - any person where required by law or regulations or where we believe the giving of information will help prevent fraud, money laundering or other crimes; and
- use information about me for any of the purposes above.

Except as authorised above, we will not disclose information about you, unless you authorise that disclosure. If we do disclose information about you, we may not be allowed to tell you.

You have the right to see all personal information that we hold about you. If the information held about you is wrong, you have the right to have it corrected.

Statutory declaration

This Statutory Declaration should be completed by a Relevant person applying for withdrawal from a deceased Summer member's account.

Declarations: Please ensure you print your name in full along with recording your current address and occupation.

I:

(full name of person making declaration)

Of:

(address of person making declaration)

Occupation:

(occupation of person making declaration)

Solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information provided in this form and in all included materials is true and correct.
- I will apply the proceeds from the withdrawal in due course of administration as the law requires.
- The deceased Summer member had lived in New Zealand since becoming a KiwiSaver member, or (if otherwise) the periods for which the member did not have his/her principal place of residence in New Zealand since becoming a KiwiSaver member are as follows:

From:

Day		Month		Year			

To:

Day		Month		Year			

From:

Day		Month		Year			

To:

Day		Month		Year			

- I understand that any information I give to Salt Investment Funds Limited or its affiliates may be passed on to an entity that is involved in the administration or management of the Summer KiwiSaver scheme (including the Inland Revenue) and I authorise Salt Investment Funds Limited or its affiliates to give such information in relation to this withdrawal. For details on the entities involved in the management or administration of the Summer KiwiSaver scheme see the Summer Other Material Information document on the register of offers of financial products at <https://companies-register.companiesoffice.govt.nz/>
- I/we agree to indemnify Salt Investment Funds Limited for any costs or losses to the extent incurred as a result of any information provided in connection with this withdrawal application being inaccurate or incomplete.
- Where applicable, neither Probate nor letters of Administration have been granted in respect of the deceased Summer member's estate nor will they 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.

Date:

Day		Month		Year			

Declared at: this day of

20

place

date

month

year

Witness

Witness: A statutory declaration must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957. This includes a barrister and solicitor of the High Court, a Justice of the Peace, a Notary Public, the Registrar or Deputy Registrar of the High Court or of any District Court and a Member of Parliament. Please contact us if you require further information.

Witness to complete (being a person authorised under the Oaths and Declarations Act 1957):

Name:

Occupation:

Address:

Date:

Day		Month		Year			

Checklist

Please check that you have included the below with your application prior to returning the form (and supporting documentation) to Salt Investment Funds Limited via email: info@summer.co.nz. Or by mail to PO Box 2673, Auckland 1140.

Proof of Bank

Account: We require original bank account documentation in the name of the Relevant person, Executor, or in the name of the deceased Summer member, or in the name of the Solicitor's trust account, for example:

- a bank encoded deposit slip with pre-printed details of bank account name and number
- a cheque
- a bank statement
- a verification letter or other document of
- confirmation provided by the bank

Proof of bank account

Signed and witnessed statutory declaration (see the Witness section for more information on persons authorised to witness statutory declarations)

Certified copy of the deceased member's Death Certificate

Certified copy of the Will and grant of Probate (if applicable)

Certified copy of the Letter of Administration (if applicable)

If no Probate or Letters of Administration have been granted and the deceased Summer member's account balance is less than \$40,000, provide proof of your relationship with the deceased Summer member e.g. marriage certificate, birth certificate.

For Office Use Only:

Account number:

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