

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

Full name:																	
Date of Birth:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td><td></td><td></td></tr></table>									Day	Month	Year					
Day	Month	Year															
Primary contact number:																	
Email:																	
Residential address:																	
Street no./Name/PO Box:																	
Suburb/RD no.:																	
Town/City:	Postcode:																
Country:	<input type="checkbox"/> New Zealand <input type="checkbox"/> Other (please state):																
Relationship to Deceased Member:																	

Verification of identity:

We share this information securely and confidentially only with our identification providers to verify your identity (as required by law). Please see our terms and conditions for more detail. You can view these online at www.summer.co.nz/account-terms 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 and visa details, or call us on 0800 11 55 66.**

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:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Driver licence version:	<table><tr><td></td><td></td><td></td></tr></table>																								
Vehicle registration number:																																			
NZ Passport number:																																			
Passport issue date:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td><td></td><td></td></tr></table>									Day	Month	Year						Passport expiry date:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Day</td><td>Month</td><td>Year</td><td></td><td></td><td></td><td></td><td></td></tr></table>									Day	Month	Year					
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Payment details (Please enclose a bank encoded deposit slip)

Bank:	Branch:																																				
Account name:																																					
Bank Account:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Bank</td><td>Branch</td><td>Account Number</td><td>Suffix</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			Bank	Branch	Account Number	Suffix														
Bank	Branch	Account Number	Suffix																																		

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.

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 third party who helps Summer to achieve any of the purposes above, credit reporting agencies, the New Zealand Traffic Authority, the New Zealand Government Confirmation Service and the Department of Internal Affairs for the purpose of verifying your identity in accordance with anti-money laundering laws, any reputable organisations with whom Summer or its affiliates have a continuing relationship, and any person where required by law or regulations or where Summer 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 Forsyth Barr Investment Management 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 Forsyth Barr Investment Management Limited or its affiliates to give such information in relation to this withdrawal.
- I/we agree to indemnify Forsyth Barr Investment Management 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.

Signature:

Day			Month			Year			

 Date:

Declared at:

place			date			month			year		

 this day of 20

Witness

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

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.

Name:																					
Occupation:																					
Address:																					
Signature of witness:	Date: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="3">Day</td><td colspan="3">Month</td><td colspan="4">Year</td></tr></table>											Day			Month			Year			
Day			Month			Year															

Checklist

Please check that you have included the below with your application prior to returning the form (and supporting documentation) to Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin

- 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 \$15,000, provide proof of your relationship with the deceased Summer member e.g. marriage certificate, birth certificate.

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

For Office Use Only:

Account number:

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