

**Use this form:** To make an application for the payment of a death benefit from the Select KiwiSaver Scheme. Send this completed form by email to [contact@myselectkiwisaver.co.nz](mailto:contact@myselectkiwisaver.co.nz) or post to PO Box 105262, Auckland City 1143.

SKS36 19.10.2020

### Details of member

IRD number    -    -

Member's name:  ("the Member")

Date of birth:  (dd/mm/yyyy)

Phone: (  )

Home address:

Post code:

### Applicant's details

Name of applicant:  ("the Applicant")

Email:

Phone: (  )

Postal address:

Post code:

### Member's principal place of residence

I confirm that, to the best of my knowledge, for the period which the Member was a member of KiwiSaver, their principal place of residence was:

☐ Always in New Zealand

☐ New Zealand, except for the following periods:

From	to
<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)
<input type="text"/> (dd/mm/yyyy)	<input type="text"/> (dd/mm/yyyy)

**Note:** do not include periods that you were overseas on holiday if NZ was still your principal place of residence.

### Death benefit request & signature

I apply for the payment of the death benefit of the Member named above.

Please pay the benefit to the following account:

Account name:

Bank name:

Branch name:

Account number:    -      -        -

Please attach a copy of a pre-printed bank deposit slip showing the bank account you would like the benefit deposited in.

I attach the documents requested to verify my identity and address under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, in accordance with the detailed Select KiwiSaver Scheme requirements.

Signed by Applicant:

Date:  (dd/mm/yyyy)

Member's name:

### Statutory declaration

I, (full name)

(Declarant)

Address

Occupation

#### Solemnly and sincerely declare, that:

All the documents attached in support of my application are true and correct.

That for the period of the member's KiwiSaver membership, their principal place of residence was, to the best of my knowledge, New Zealand except as specified in this application.

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

Signature of Declarant *(your signature)*

Witness<sup>1</sup>

Declared at

this

day of

20

Before me

<sup>1</sup> A Justice of the Peace, or other person (e.g. notary public, solicitor, officer of the court) authorised to take and receive Statutory Declarations

### Check list

I have:

- ☐ signed and dated the form.
- ☐ completed the statutory declaration.
- ☐ attached a pre printed bank deposit slip or bank statement showing the account name and number which the payment should be deposited. **Note** payments will not normally be paid to third parties.
- ☐ attached a certified copy of the death certificate.
- ☐ attached a certified copy of probate or letters of administration.