



1. SAVER'S DETAILS

[Empty text box]

EMPLOYER

[Empty text box]

TITLE

GIVEN NAME(S) (PLEASE PRINT)

SURNAME

[Empty text box]

[Empty text box]

PLAN NO.

MEMBER ID

POSTAL ADDRESS

[Empty text box]

[Empty text box]

STREET NUMBER AND NAME

SUBURB

[Empty text box]

[Empty text box]

[Empty text box]

TOWN/CITY

POSTCODE

COUNTRY

IRD NUMBER [] [] [] - [] [] [] - [] [] []

PRESCRIBED INVESTOR RATE [] 10.5% [] 17.5% [] 28%

The Prescribed Investor Rate is the rate at which Portfolio Investment Entities, such as this AXA Kiwisaver Scheme account, are taxed. To find the rate that best applies to you, please contact the Inland Revenue or go to www.ird.govt.nz.

If we do not have a record of an IRD number or Prescribed Investor Rate, we are required to use the default rate of 28%. If you do not advise the correct PIR, you may end up paying too much tax on this investment or there may be an obligation to pay further tax and file a tax return.

2. EXECUTOR'S/ADMINISTRATOR'S DETAILS

[Empty text box]

TITLE

GIVEN NAME(S) (PLEASE PRINT)

SURNAME

POSTAL ADDRESS

[Empty text box]

[Empty text box]

STREET NUMBER AND NAME

SUBURB

[Empty text box]

[Empty text box]

[Empty text box]

TOWN/CITY

POSTCODE

COUNTRY

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HOME PHONE

BUSINESS PHONE

MOBILE PHONE

3. WITHDRAWAL REQUEST

Please send us the following information with this withdrawal request:

1. Details of the solicitors or parties acting for the estate
2. A certified copy of the death certificate
3. A certified copy of the last will and testament of the deceased OR if a will has not been completed, information concerning the dependants of the deceased

If the balance of the AXA Business Superannuation Plan account is greater than \$15,000 we will also require certified copies of either probate or Letters of Administration granted by the High Court of New Zealand.

If the balance of the AXA Business Superannuation Plan is less than \$15,000 we will require your confirmation below that administration of the deceased's estate has not been obtained.

I confirm that to the best of my knowledge, administration of the deceased's estate has not been obtained in New Zealand and that it is not intended to be obtained.

4. BANK ACCOUNT DETAILS

Payments will be made in New Zealand dollars to your bank account. For other payment options, please contact us.

Please credit the bank account below:

[Empty text box for bank account details]

NAME OF BANK ACCOUNT

[Empty box for BANK]

BANK

[Empty boxes for BRANCH NUMBER]

BRANCH NUMBER

[Empty boxes for ACCOUNT NUMBER]

ACCOUNT NUMBER

[Empty boxes for SUFFIX]

SUFFIX

Please attach a deposit slip to confirm the bank account (optional).

5. STATUTORY DECLARATION

I, [Empty text box for FULL NAME]

FULL NAME

OF [Empty text box for RESIDENTIAL ADDRESS]

RESIDENTIAL ADDRESS

[Empty text box for OCCUPATION]

OCCUPATION

Solemnly and sincerely declare that:

1. The completed application form and supporting documents attached are true and correct to the best of my knowledge;

2. I am (please tick the appropriate box):

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

3. In consideration of you paying the proceeds of the AXA Business Superannuation Plan account to me, I hereby indemnify AXA New Zealand and agree to keep AXA New Zealand indemnified from and against any liability, loss, damage, cost or expenses of any kind whatsoever, arising directly or indirectly as a result of or in connection with the payment to me, including but not limited to any liability, loss, damage, cost or expenses as a result of any other person claiming that they have an interest in the proceeds of the AXA Business Superannuation Plan.

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

[Empty text box for SIGNATURE OF EXECUTOR/ADMINISTRATOR]

SIGNATURE OF EXECUTOR/ADMINISTRATOR

[Empty text box for DATE with slashes]

DATE

DECLARED AT [Empty text box] THIS [Empty text box] DAY OF [Empty text box]

[Empty text box for BEFORE (PLEASE PRINT)]

BEFORE (PLEASE PRINT)

JUSTICE OF THE PEACE OR SOLICITOR OF THE HIGH COURT OF NEW ZEALAND,
OR OTHER PERSON AUTHORISED TO TAKE A STATUTORY DECLARATION

[Empty text box for SIGNATURE OF WITNESS]

SIGNATURE OF WITNESS

[Empty box for STAMP]

Send your completed form to
AXA New Zealand, Freepost AXA, PO Box 1692, Wellington 6140