



1. SAVER'S DETAILS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	GIVEN NAME(S) (PLEASE PRINT)	SURNAME	PLAN NUMBER

POSTAL ADDRESS

<input type="text"/>	<input type="text"/>
STREET NUMBER AND NAME	SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>
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

<input type="text"/>	<input type="text"/>	<input type="text"/>
TITLE	GIVEN NAME(S) (PLEASE PRINT)	SURNAME

POSTAL ADDRESS

<input type="text"/>	<input type="text"/>
STREET NUMBER AND NAME	SUBURB

<input type="text"/>	<input type="text"/>	<input type="text"/>
TOWN/CITY	POSTCODE	COUNTRY

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Personal 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 Personal 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:

NAME OF BANK ACCOUNT

<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
BANK	BRANCH NUMBER	ACCOUNT NUMBER	SUFFIX

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

5. STATUTORY DECLARATION

I,
FULL NAME

OF
RESIDENTIAL ADDRESS

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 Personal 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 Personal 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.

/ /
SIGNATURE OF EXECUTOR/ADMINISTRATOR DATE

DECLARED AT THIS DAY OF

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

STAMP

SIGNATURE OF WITNESS

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