



1. SAVER'S DETAILS

Title, Given Name(S), Surname fields

POSTAL ADDRESS

Street Number and Name, Suburb, Town/City, Postcode, Country fields

IRD Number and Prescribed Investor Rate fields

Your Prescribed Investor Rate is the rate at which Portfolio Investment Entities, such as your AXA Kiwisaver plan, 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 your IRD number or Prescribed Investor Rate, we are required to use the default rate of 30%. If you do not advise your correct PIR, you may end up paying too much tax on your investment or may have an obligation to pay further tax and file a tax return.

2. EXECUTOR'S DETAILS

Title, Given Name(S), Surname fields

POSTAL ADDRESS

Street Number and Name, Suburb, Town/City, Postcode, Country fields

Home Phone, Business Phone, Mobile Phone fields

3. WITHDRAWAL REQUEST

Please send us the following information with this withdrawal request:

PLEASE NOTE: If the balance of the KiwiSaver Plan is over \$15,000 we will also require probate or Letters of Administration.

1. Details of the solicitors or parties acting for the estate

I confirm that the saver has lived in New Zealand since opening their KiwiSaver plan.

If they have lived overseas since opening their plan, please tell us where and when:

Text box for overseas residence details

2. A certified copy of the death certificate

3. A certified copy of the last will and testament OR if a will has not been completed, information concerning the dependants of the deceased

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 field

NAME OF BANK ACCOUNT

Bank, Branch Number, Account Number, Suffix fields

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 member named above has lived in New Zealand since opening the KiwiSaver plan, or (if otherwise) I have detailed the periods for which the member had his/her principal place of residence in New Zealand since opening his/her KiwiSaver plans and
- 2. verify that the completed application form and supporting documents attached are true and correct to the best of my knowledge

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

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