

Deceased Estate Withdrawal Application Form



Criteria

Use this Form to apply for the withdrawal of the Whai Rawa funds of a member who has passed you are the Personal Representative(s), relevant person(s) under section 65 of the Administration Act 1969 (see below), or a lawyer acting on behalf of a deceased Whai Rawa member.

Balance of account over \$15,000

This Form should be completed by all of the deceased's Personal Representatives, being either:

- » where the Deceased left a Will, the person(s) who has been granted Probate; or
- » where the Deceased did not leave a Will, the person(s) who has been granted Letters of Administration.

Balance of account under \$15,000 and claimant(s) under section 65 of the Administration Act 1969

Please note that where Probate/Letters of Administration are not required to be applied for, and will not be applied for, and if the value of the deceased member's account

- » is less than \$15,000, any of the persons below may be entitled to complete this form.
- » Wife, Husband, Civil union partner or Defacto partner Child
- » Person beneficially entitled to the estate in the Will or on intestacy
- » Person entitled to obtain administration of the estate in New Zealand
- » Person related by blood, marriage or civil union to the deceased who undertakes to maintain the children (who are minors) of that person
- » Person who has custody and control of the children of the deceased (who are minors)

For assistance with completing this form please go to www.whairawa.com, or contact us on 0800 WHAI RAWA (0800 942 472). Please note processing of request will normally take up to ten working days from receipt of completed application.

Section A Member and Personal Representative Details

1. Member Details

Title:	First Names:	Last Name:	Member 6 digit Whai Rawa number:
<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"/>

2. Personal Representative Details

Title:	First Names:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:

Post Code:	Email:
<input type="text"/>	<input type="text"/>

Home Phone:	Work Phone:	Mobile:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Personal Representative Details

Title:	First Names:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:

Post Code:	Email:
<input type="text"/>	<input type="text"/>

Home Phone:	Work Phone:	Mobile:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B Claimants' Details (for balances under \$15,000)

Claimant 1

Title: First Names: Last Name:

Relationship to deceased:

Postal Address:

Street Address: Suburb:

Town/City: Post Code: Country:

Phone: Email:

Claimant 2

Title: First Names: Last Name:

Relationship to deceased:

Postal Address:

Street Address: Suburb:

Town/City: Post Code: Country:

Phone: Email:

Section C Payment Details

Please note:

- » Upon receipt of the deceased member's Whai Rawa savings, you are legally required to apply the money towards the administration of the deceased member's estate.
- » Remember to cancel direct debits or automatic payments to the deceased's account.
- » The Manager will adjust your withdrawal amount for any tax liability arising as a result of the withdrawal request.

Bank account name

Member/ Account Name

Account details

Bank Store Account number Suffix

Verification of bank account details

To be able to make payment, the bank account should be in member's name (or other party where applicable) and evidenced by either a pre-printed or bank verified deposit slip or bank statement either with this application or previously supplied to Whai Rawa. Alternatively, confirmation from the bank by email is acceptable.

Section D Declaration

Please don't complete this section in advance. It must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take an oath or

declaration in accordance with section 9 (for declarations made in New Zealand) or section 11 (for declarations made outside New Zealand) of the Oaths and Declarations Act 1957.

Claimant 1 / Personal Representative

I, Name:

of Residential address:

Occupation

solemnly and sincerely declare that:

- » I am entitled to make this claim and that all the information provided in (or in connection with) this Form is true and correct.
- » I will apply the proceeds from the withdrawal in the course of the administration of the deceased member's estate as the law requires.

- » I acknowledge that Whai Rawa Fund Limited will rely on information provided in (or in connection with) this Form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
- » I understand that by completing this Form I will be providing personal information about me which will be held in accordance with section 5 above. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

Balances under \$15,000 and claim being under section 65 of the Administration Act 1969 (where applicable)

» I further declare that the deceased (select one)

left a Will, and Probate has not and will not be applied for; or

did not leave a Will, and Letters of Administration have not and will not be applied for.

» My relationship to the deceased was

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

Signature

Declared at Location

on

Before me: (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957)

Name

Occupation

Signature

Claimant 2 / Personal Representative

I, Name:

of Residential address:

Occupation

solemnly and sincerely declare that:

- » I am entitled to make this claim and that all the information provided in (or in connection with) this Form is true and correct.
- » I will apply the proceeds from the withdrawal in the course of the administration of the deceased member’s estate as the law requires.

- » I acknowledge that Whai Rawa Fund Limited will rely on information provided in (or in connection with) this Form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever (including their own legal costs on a solicitor/client basis) which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
- » I understand that by completing this Form I will be providing personal information about me which will be held in accordance with section 5 above. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

Balances under \$15,000 and claim being under section 65 of the Administration Act 1969 (where applicable)

» I further declare that the deceased (select one)

left a Will, and Probate has not and will not be applied for; or

did not leave a Will, and Letters of Administration have not and will not be applied for.

» My relationship to the deceased was

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

Signature

Declared at Location

on

Before me: (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957)

Name

Occupation

Signature

Check List

Before returning this Form, please complete the appropriate sections of the form and provide:



Account balances of \$15,000 or more

- A certified copy of the Death Certificate or Medical Cause of Death Certificate
- A certified copy of Probate or Letters of Administration
- A bank deposit slip for the account to be credited
- Certified copies of a passport showing the signature for each Personal
- Representative or drivers licence showing the signature for each
- Personal Representative and a bank statement dated within the previous
- 12 months for each Personal Representative.

Balances under \$15,000 and claim being made under section 65 of the Administration Act 1969 - please make sure that you complete sections 1 and 3 to 6 of this form and provide:

- A certified copy of the Death Certificate or Medical Cause of Death Certificate
- A certified copy of the Will (if the deceased left a Will)
- Evidence of the relationship to the deceased e.g. Marriage/Birth Certificate
- A bank deposit slip for the account to be credited
- Certified copies of a passport showing the signature for each claimant or drivers licence showing the signature for each claimant and a bank statement dated within the previous 12 months for each claimant.

Please note:

- » Copies of documents must be certified as true copies by a Justice of the Peace, Solicitor, Notary Public or another person authorised to take a statutory declaration.
- » The statutory declaration must be made in front of a Justice of the Peace, Solicitor, Notary Public or another person authorised to take statutory declarations under the Oaths and Declarations Act 1957.
- » Where there are more than two Personal Representatives or relevant persons, please complete and attach an additional Deceased Estate Withdrawal Application Form.