Hive KiwiSaver Scheme

Deceased Member Withdrawal Application

Please email the completed form and supporting documents to: **hello@hive.co.nz**. If you need any help please email or call us on **0800 242 023**.

Use this form to apply for a withdrawal of a deceased member's KiwiSaver savings.

The member's Hive KiwiSaver Scheme account balance is (please tick):

☐ Over $40,000

Did the member leave a will?

	Document required	Personal representative	
Yes	Probate	Executor	Either Probate or Letters of Administration must be supplied with this application if the member's Hive KiwiSaver account balance is over $40,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
No	Letters of Administration	Administrator	

If you need to know the value of the deceased member's Hive KiwiSaver Scheme account balance to work out if the total estate is worth $40,000 or less, please contact the member's Adviser or call us on **0800 242 023**.

☐ Under $40,000

For a member with a Hive KiwiSaver Scheme account balance under $40,000 where no Probate or Letters of Administration are applied for, the following people can act as the personal representative and may apply for a withdrawal by completing this form (make sure you complete clause 9 of the statutory declaration in section (e)):

(a) the widow, widower, surviving civil union partner or children of the deceased person

(b) a surviving de facto partner of the deceased person

(c) the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person

(d) any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand (e) 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

(f) 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.

Once you have completed and signed this form please send it and any supporting documents to the email address above.

*These fields must be completed

1. Deceased member details

*MEMBER NUMBER

H I V E

*ESTATE OF (FULL NAME OF MEMBER)

DATE OF BIRTH

DD / MM / YYYY

IRD NUMBER

2. Personal representative details

*FULL NAME OF PERSONAL REPRESENTATIVE (1)

*DATE OF BIRTH

DD / MM / YYYY

*POSTAL ADDRESS

POSTCODE

*MOBILE PHONE

*FULL NAME OF PERSONAL REPRESENTATIVE (2)

*DATE OF BIRTH

DD / MM / YYYY

*POSTAL ADDRESS

POSTCODE

*MOBILE PHONE

3. Payment instructions

Please provide proof of bank account in the form of an **original pre-encoded bank deposit slip** or a certified true copy of a bank statement. The bank account must be a New Zealand bank account in the name of the member's estate, personal representative(s) or solicitor's trust account.

*ACCOUNT NAME

*BANK ACCOUNT

- - -

3. Supporting documentation*

Please supply the following supporting documentation with this application:

Member's Hive KiwiSaver Scheme account balance is over $40,000 (please tick):

- ☐ A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s))
- ☐ An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s))
- ☐ A certified copy of the full death certificate of the deceased member
- ☐ Certified copy of Probate or Letters of Administration. Section (e) (excluding clause 9) of this form

Member's Hive KiwiSaver Scheme account balance is under $40,000 (please tick):

- ☐ A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s))
- ☐ An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s))
- ☐ A certified copy of the full death certificate of the deceased member
- ☐ Section (e) (including clause 9) of this form completed
- ☐ A copy of the will, where there is one

What is a Certified copy?

A certified document is a photocopy that an authorised person (like a JP or Solicitor) confirms is a true and correct copy of the original.

For Photo ID: The certifier must also confirm it "represents a true likeness of the person presenting the document.

Date requirement: Certification must be dated within the last 3 months.

3. Statutory declaration

*FULL NAME OF PERSONAL REPRESENTATIVE (1)

*FULL NAME OF PERSONAL REPRESENTATIVE (2)

do solemnly and sincerely declare that:

1. I am/We are applying to Hive for a full withdrawal of the deceased member's Hive KiwiSaver Scheme account to be paid into the bank account specified in this form and I/we understand that the deceased member's membership of the Hive KiwiSaver Scheme will end;

2. I/We confirm that the information in this application (and any attachments to this application) is true and correct;

3. I/We understand that acceptance of the application is at the discretion of Hive and that fees may apply;

4. I/We understand that Hive may request additional information from me/us relating to this application;

5. To the best of my/our knowledge and belief, since joining a KiwiSaver scheme the deceased member's principal place of residence has always been New Zealand, or (if otherwise) I/we have detailed below the periods for which the deceased member was not a resident in New Zealand since joining a KiwiSaver scheme

FROM DD / MM / YYYY TO DD / MM / YYYY

FROM DD / MM / YYYY TO DD / MM / YYYY

6. I/We understand that any Government contributions claimed for any period(s) that New Zealand was not the deceased member's principal place of residence, will be returned to Inland Revenue.

7. I/We acknowledge that the Privacy Act 2020 provides me/us with the right to request access to and/or correction of any of my/our or the deceased member's personal information held by Hive or the Supervisor of the Hive KiwiSaver Scheme. I/We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of the Hive KiwiSaver Scheme (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). I/We authorise Hive and/or the Supervisor to obtain additional information in relation to this application from any third party/entity.

8. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this application and that no other person has any claim against it.

9. I/We indemnify the Supervisor, Hive and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of the deceased member's membership of the Hive KiwiSaver Scheme and/or withdrawal amount.

10. Please complete for members with a Hive KiwiSaver Scheme account balance under $40,000 only

☐ the deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for Letters of Administration.

OR

☐ the above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased's life in terms of Section 65 of the Administration Act 1969 and I/we will if called upon indemnify Hive, and/or any related company and/or the Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

*RELATIONSHIP TO THE DECEASED

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

Personal representative (1)

DECLARED AT (PLACE)

*PERSONAL REPRESENTATIVE (1) SIGNATURE

INSERT STAMP HERE

THIS DATE

DD / MM / YYYY

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*FULL NAME, TITLE/OFFICE OF PERSON AUTHORISED TO TAKE A DECLARATION

DATE

DD / MM / YYYY

OF CITY (WHERE SIGNING)

*OCCUPATION

SIGNATURE OF PERSON TAKING DECLARATION

Personal representative (2)

DECLARED AT (PLACE)

*PERSONAL REPRESENTATIVE (2) SIGNATURE

INSERT STAMP HERE

THIS DATE

DD / MM / YYYY

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*FULL NAME, TITLE/OFFICE OF PERSON AUTHORISED TO TAKE A DECLARATION

DATE

DD / MM / YYYY

OF CITY (WHERE SIGNING)

*OCCUPATION

SIGNATURE OF PERSON TAKING DECLARATION

Checklist

Please check you have completed the form correctly

- ☐ Have you completed all fields with an *?
- ☐ Have you included original or certified proof of bank account in section (c)?
- ☐ Have you attached copies of the documents detailed in section (d)?
- ☐ Have you completed the Statutory Declaration in section (e) (including clause 9 if the member's Hive KiwiSaver Scheme account balance is under $40,000)?

Next Steps

Please email the completed form along with the supporting documents to: **hello@hive.co.nz** or post to: **Hive Funds Limited, PO Box 147454, Ponsonby, Auckland 1144**

We will be in touch with you regarding this application once we have received and reviewed the application.