



NEW ZEALAND DEFENCE FORCE FLEXISAVER SCHEME DEATH CLAIM—REQUEST FOR PAYMENT



This form must be completed by all of the Deceased Member's **Personal Representative(s)** or a Lawyer acting on their behalf:

- where the Deceased left a Will, this means by the person(s) who has been granted **Probate**, or
- where the Deceased did not leave a Will, this means by the person(s) who has been granted **Letters of Administration**

Note 1: Where there are more than three Personal Representatives, please complete and attach an additional 'Death Claim – Request for Payment' form.

If you need assistance completing this form, please call our toll-free Helpline on **0800 333 787**.

PRIVACY STATEMENT

The information comprised in this form and requested as attachments is being collected and will be held by Mercer (N.Z.) Limited (the Manager) the Manager of the Deceased's FlexiSaver scheme. It is intended for use by the Manager to enable administration of the Deceased's death benefit.

The Manager abides by the Privacy Act 2020, and you have the right to access and request correction of personal information held about you.

Please print in black or blue pen, in uppercase, one character per box and all that apply.

PROCEDURE FOR COMPLETING THIS FORM

1. Complete all sections of the form

2. Attach

- a certified copy* of the Death Certificate; and either
- where the deceased left a Will - a certified copy* of the Will, and of the grant of **Probate****; or
- where the Deceased did not leave a Will – a certified copy* of the **Letters of Administration****
- a bank deposit slip (where payment is to be credited to a bank account)

* Document copies must be certified as true copies by a Lawyer, Justice of the Peace, Notary Public or responsible officer of a Trustee company.

3. Complete the Statutory Declaration

The Statutory Declaration must be made by the Deceased's Personal Representatives or a Lawyer acting on their behalf in front of a Lawyer, Justice of the Peace, Notary Public or other person authorised to take Statutory Declarations.

4. All Personal Representative(s) must attach documents that confirm their identity and residential address.

Please see 'Confirmation of identity' Guide on www.nzdfsavings.mil.nz

Return the completed form and attached documents to: **New Zealand Defence Force FlexiSaver Scheme, PO Box 1849, Wellington 6140**

STEP 1 – DECEASED'S MEMBER DETAILS

Member number

IRD number

 - -

Title: Mr Mrs Ms Miss Other

Date of birth / /

First name

Middle name(s)

Surname

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

STEP 2 – DETAILS OF ALL PERSONAL REPRESENTATIVES OR LAWYER ACTING

1 Name and relationship of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

2 Name and relationship of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

3 Name and relationship of Personal Representative:

Residential address

NUMBER	STREET NAME
SUBURB	
CITY	POSTCODE

Phone

Email

STEP 3 – PAYMENT OF DEATH BENEFIT

The Manager will only make payment for the benefit of the estate to a New Zealand bank account. Please provide a copy of a bank statement or a bank deposit slip. Must show full name, bank account number and bank name.

Remember to cancel direct debits or automatics payments to the FlexiSaver scheme.

STEP 4 – CONFIRMING REPRESENTATIVE’S IDENTITY



Copies of your documents can be certified by one of the following: Justice of the Peace, Solicitor, Notary Public or Member of Parliament.
 For a full list of certifiers and acceptable documents and how these can be certified please read Confirmation of Identity Guide available on www.nzdfsavings.mil.nz website.



To the certifier:
 The certifier must view the original document(s) (not a fax, photocopy or scan) before writing their **Full Name, Occupation, Date and Signature** and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual. Certification is valid for three months.

PROVIDE A CERTIFIED PHOTOCOPY OF CURRENT AND VALID DOCUMENTS

A Confirm your identity by providing:

OPTION 1 – A certified photocopy of ONE of:

- A NZ / overseas passport A NZ firearms licence An overseas government national identity card

OR OPTION 2 – A certified photocopy of ONE of: + ONE of:

- A NZ / international driver's licence; or A NZ / overseas birth certificate; or
 An 18+ card A NZ / overseas citizenship certificate

OR OPTION 3: A certified photocopy of: +

- A New Zealand driver's licence A SuperGold card or Community Services card

B Confirm your residential address by providing an original or a copy of one of the following (can't be more than 12 months old):

- Bank statement **OR** Utility bill **OR** Inland Revenue statement

A Confirm your identity by providing:

OPTION 1 – A certified photocopy of ONE of:

- A NZ / overseas passport A NZ firearms licence An overseas government national identity card

OR OPTION 2 – A certified photocopy of ONE of: + ONE of:

- A NZ / international driver's licence; or A NZ / overseas birth certificate; or
 An 18+ card A NZ / overseas citizenship certificate

OR OPTION 3: A certified photocopy of: +

- A New Zealand driver's licence A SuperGold card or Community Services card

B Confirm your residential address by providing an original or a copy of one of the following (can't be more than 12 months old):

- Bank statement **OR** Utility bill **OR** Inland Revenue statement

A Confirm your identity by providing:

OPTION 1 – A certified photocopy of ONE of:

- A NZ / overseas passport A NZ firearms licence An overseas government national identity card

OR OPTION 2 – A certified photocopy of ONE of: + ONE of:

- A NZ / international driver's licence; or A NZ / overseas birth certificate; or
 An 18+ card A NZ / overseas citizenship certificate

OR OPTION 3: A certified photocopy of: +

- A New Zealand driver's licence A SuperGold card or Community Services card

B Confirm your residential address by providing an original or a copy of one of the following (can't be more than 12 months old):

- Bank statement **OR** Utility bill **OR** Inland Revenue statement

Member number

STEP 5 – STATUTORY DECLARATION BY ALL THE PERSONAL REPRESENTATIVES OR LAWYER ACTING

I/We solemnly and sincerely declare that:

I am/We are entitled to make this claim and that all the information which I have provided in this form and in all included materials is true and correct.

By receiving payment of the benefit due to the Deceased, I release all claims that have been made or may be made on the Manager and/or the Supervisor of the Deceased's FlexiSaver scheme.

I/We have read and understood the information regarding the Privacy Statement on page 1.

I/We further declare and undertake:

I/We will apply the account proceeds in due course of administration.

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


I, FULL NAME	
of, ADDRESS	
OCCUPATION	
Your signature X	
Declared at LOCATION	Date DAY/MONTH/YEAR

I, FULL NAME	
of, ADDRESS	
OCCUPATION	
Your signature X	
Declared at LOCATION	Date DAY/MONTH/YEAR

I, FULL NAME	
of, ADDRESS	
OCCUPATION	
Your signature X	
Declared at LOCATION	Date DAY/MONTH/YEAR

Before me (JP, solicitor, notary public, a Registrar or Deputy Registrar of the District Court or the High Court or other person authorised to take a Statutory Declaration in accordance with the Oaths and Declarations Act 1957).

NAME (PLEASE PRINT)		
of CITY	OCCUPATION	
Signature X	Date DAY/MONTH/YEAR	
STAMP		

 **Please return your completed form to:**
New Zealand Defence Force FlexiSaver Scheme
PO Box 1849
Wellington 6140
New Zealand