

# Deceased Member Withdrawal (Non-KiwiSaver)

If you would like help in completing this form, please email [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz) or phone us on **0508 FISHER (0508 347 437)**.

You can complete this form on-screen by typing directly into each field. Once you have completed this form:

- If you have selected Option 1 as your preferred identification method you can email your completed application to [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz)
- If you reside in New Zealand and have selected Option 2 as your preferred identification method you can email your completed application to [enquiries@fisherfunds.co.nz](mailto:enquiries@fisherfunds.co.nz)
- If you reside outside New Zealand and have selected Option 2 as your preferred identification method you must post your application and supporting documents to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or send by courier to **Fisher Funds Management Limited, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622**.

If your fully completed form and supporting documents are received by 3pm on any business day, your withdrawal will usually be processed at the unit prices calculated as at the close of the markets on that day. This usually means your withdrawal will be processed the next business day for funds that only invest in assets listed in New Zealand or Australia, or in 2 business days for other funds.

## Who should complete this form?

Please use this form to apply for a full withdrawal from a deceased member's Fisher Funds Managed Funds, Fisher Funds Premium Service, Fisher Funds Investment Series or FuturePlan account.

This form can be completed by:

- the person(s) who has been granted Probate if the deceased member left a Will; or
- the person(s) who has been granted Letters of Administration if the deceased member did not leave a Will; or
- a Relevant Person if no Probate or Letters of Administration have been granted and the deceased member's Fisher Funds account balance is less than \$15,000.

Relevant Persons are:

- the surviving spouse, civil union partner, de facto partner or children of the deceased member;
- the person(s) beneficially entitled to the estate of the deceased member under a Will or intestacy;
- any person entitled to obtain administration of the estate of the deceased member;
- any person related by blood, marriage or civil union to the deceased member who undertakes to maintain the children of that person who are minors;
- any person who is providing day-to-day care for any of the minor children of the deceased member.

## Section 1 – Deceased member's details

|                             |                      |                      |
|-----------------------------|----------------------|----------------------|
| Title                       | First name(s)        | Surname              |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| Fisher Funds account number | IRD number           | Date of birth        |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> |
| Address                     |                      |                      |
| <input type="text"/>        |                      |                      |
| City                        | Country              | Postcode             |
| <input type="text"/>        | <input type="text"/> | <input type="text"/> |

## Section 2 — Details of relevant person

Name of relevant person

What is your relationship to the deceased member?

Address

City

Country

Postcode

Home phone

Business phone

Mobile

Email address

### Additional Executor

Name of relevant person

What is your relationship to the deceased member?

Address

City

Country

Postcode

Home phone

Business phone

Mobile

Email address

## Section 3 – Identification options

Your withdrawal request must be submitted with one of the identification options set out below for each Executor or Relevant person(s).

### Option 1

#### Electronic identity verification

Fisher Funds has the ability to electronically verify your identity and address. Once we have received your application we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following: New Zealand Passport; New Zealand Drivers Licence; Australian Passport; Australian Drivers Licence.

If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.

### Option 2

#### Certified copies of identity documents and proof of residential address

Please provide a certified copy of your identity documents and proof of your residential address. Refer to sections 4 and 5 for information on acceptable identity documents and who can certify them.

**Relevant person: Preferred identification method – please select one of the following options:**

**Option 1** – I would like Fisher Funds to electronically verify my identity

**Option 2** - I would like to provide Fisher Funds with certified copies of my identity documents

**Additional executor: Preferred identification method – please select one of the following options:**

**Option 1** – I would like Fisher Funds to electronically verify my identity

**Option 2** - I would like to provide Fisher Funds with certified copies of my identity documents

## Section 4 – Certified identity documents

If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

#### Option A: (preferred)

**Passport**  
(containing name, date of birth, photograph and signature)

OR

**New Zealand Firearms Licence**

#### Option B:

**New Zealand Driver Licence**  
(front and back)

OR

**18+ Card/Kiwi Access Card**  
AND one of the following

**Full Birth Certificate**

**SuperGold Card**  
(front and back)

**Bank Statement from a registered bank dated within 12 months**

**Statement from a government agency dated within 12 months**

#### Option C:

**New Zealand Driver Licence**  
(front and back)


AND

**Certificate of citizenship issued by the New Zealand Government or a foreign government**

Your photo identification must be current (not expired). If you're unable to provide the above documentation please contact us to discuss other options.

A Fisher Funds representative can verify your identity documents if you visit our office.

## How to have your ID correctly certified




I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe

Occupation: Justice of the Peace

Date: 28/02/2024

Signature: 

**Photocopy ID at 150%**

So the details are legible.

Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

**Please note:** Certification is valid for three months and must have been carried out within three months of application.

Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

## Section 5 — Proof of address

**Current physical address**

Can't be a PO Box number

If you have selected Option 2 as your preferred identification method please provide proof of your residential address as set out below. Your proof of address does not need to be certified. If you have selected Option 1 you don't need to provide proof of address.

**XYZLOGO**

**Mr Joe Smith**  
58 Green Street  
Takapuna  
AUCKLAND 1023  
New Zealand

**Statement of Accounts**  
Your Account(s) at a glance as at 19 XXXX 2024

Today's Statement(s)

| Account Number             |
|----------------------------|
| Tertiary                   |
| Upcoming Automatic Payment |
| Frequency                  |

**Dated in the last 12 months, an invoice, statement, letter or contract from:**

- utility provider e.g. water, power, phone
- professionals e.g. accountant, doctor
- service providers e.g. Sky TV, insurance
- government e.g. IRD, WINZ, rates notice
- current employer e.g. payslip
- bank correspondence or statement
- tenancy agreement

Please note: We cannot accept a statement/correspondence from Fisher Funds as proof of your address.

## Section 6 – Payment details

We will only make payments in New Zealand dollars to a solicitor's trust account, being a New Zealand bank account, or a New Zealand bank account in the name of the Relevant person/Executor noted on this form. Any payment will be adjusted for tax at the notified Prescribed Investor Rate (PIR) on the account.

Name of account

Account details

|                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank                 | Branch               | Account Number       |                      |                      |                      |                      |                      |                      |                      |                      |                      | Suffix               |                      |                      |                      |                      |                      |                      |                      |

Bank/Branch address

### Please provide proof of your bank account (one of the following)

- Bank statement
- Internet banking screenshot
- Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

## Section 7 – Declaration

I am entitled to make this claim and that the information which I have provided is true and correct. By receiving payment of the deceased member's account balance, I release all claims that have been made or may be made on Fisher Funds and the Supervisor. I will apply all proceeds of the deceased member's account balance towards the administration of the deceased member's estate.

I understand that the information being supplied with this application will be held by Fisher Funds to enable administration of the deceased member's account balance

I understand that the withdrawal value may fluctuate based upon the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from the deceased member's account balance.

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to provide services in relation to your withdrawal request. I understand that the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant. You have the right to access the information held by us and you may also request that it be corrected.

Name

Signature

Date

Name

Signature

Date

*If there are joint executors or relevant person(s) both are required to sign the declaration.*

## Checklist

Please complete the checklist below and supply the relevant documents to support your request.

- Complete Sections 1-7.
- Provide proof of bank account (*refer to Section 6 for our requirements*).
- Select a preferred identification method in Section 3 and provide evidence (*refer to Sections 3, 4 & 5*)
- Provide a copy of the deceased member's Death Certificate.
- Provide copies of the Will and grant of Probate (*if applicable*); or
- Provide copies of the Letters of Administration (*if applicable*); or
- Provide proof of your relationship with the deceased member (e.g. marriage certificate, birth certificate) if the deceased member's Fisher Funds account balance is less than \$15,000 (*if applicable*).
- Provide the original of this completed form and supporting documents (*only if you reside outside New Zealand and have selected Option 2 as your preferred identification method*)