



### Who should complete this form?

**Part A** of this form must be completed by the deceased member’s personal representative(s) or a lawyer acting on their behalf.

- Where the deceased left a will, this means the person(s) granted probate.
- Where the deceased did not leave a will, this means the person(s) granted letters of administration.

If there are more than two personal representatives, please complete and attach an additional death claim form.

#### The following documentation must be enclosed with this form

- A certified copy of the death certificate.
- Where the deceased left a will, a certified copy of the will and probate.<sup>1</sup>
- Where the deceased did not leave a will, a certified copy of the letters of administration.<sup>1</sup>
- Proof of the account that the funds are to be paid to. This can be a deposit slip or bank statement showing the account name and number. Payment must be made to an account in the name of a personal representative or a solicitor’s trust account.

### PART A

#### Deceased member details

Mr / Mrs / Miss / Ms / Dr / Assoc Prof / Prof	SURNAME	GIVEN NAMES
Residential address		
		POST CODE
Membership number	Date of birth DD/MM/YYYY	

#### Details of personal representative(s)

<b>1</b>	Name SURNAME	GIVEN NAMES
	Residential address	
		POST CODE
	Email	Phone

I give permission to the below solicitor to act on my behalf regarding all matters relating to the deceased’s estate.

Name SURNAME	GIVEN NAMES
Email	Phone

<b>2</b>	Name SURNAME	GIVEN NAMES
	Residential address	
		POST CODE
	Email	Phone

I give permission to the below solicitor to act on my behalf regarding all matters relating to the deceased’s estate.

Name SURNAME	GIVEN NAMES
Email	Phone

<sup>1</sup> For accounts of \$15,000 or more, probate or letters of administration are required.

## Payment details

Payment is to be made to the following bank account: .....

A deposit slip or bank statement showing the account name and number is enclosed.

1 Signed **PERSONAL REPRESENTATIVE** Date **DD/MM/YYYY**

2 Signed **PERSONAL REPRESENTATIVE** Date **DD/MM/YYYY**

If you have any queries about completing this form, please call 800 864 724 or email [unisaver@mercero.com](mailto:unisaver@mercero.com).

**Scan and email** this form to [unisaver@mercero.com](mailto:unisaver@mercero.com)

**Alternatively, post** the form to:

UniSaver New Zealand  
c/- Mercer (N.Z.) Limited  
PO Box 1849  
Wellington 6140

Mercer will send the form to the employer to complete Part B.

## PART B

### Employer to complete

Employer name .....

Membership number ..... Date of death **DD/MM/YYYY**

Contributions	Standard		Locked	
	Member	Employer	Member	Employer
Final contribution	\$	\$	\$	\$
Total contributions from 1 January up to the termination date	\$	\$	\$	\$

Expected date of remittance of final contribution **DD/MM/YYYY**

Comments .....

I certify that:

- the above-named employee has terminated service with the above-named employer on the above date of death
- contributions made or to be made by the employee and the employer in respect of the employee since the above-dated contribution advice up to the termination date are as stated above.

Signed **AUTHORISED OFFICER OF THE EMPLOYER** Date **DD/MM/YYYY**

**Scan and email** this form to [unisaver@mercero.com](mailto:unisaver@mercero.com)

**Alternatively, post** the form to:

UniSaver New Zealand  
c/- Mercer (N.Z.) Limited  
PO Box 1849  
Wellington 6140