

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.¹
- Where the deceased did not leave a will, a certified copy of the letters of administration.¹
- 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)

1

	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.

	Surname	Given names
Email		Phone

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	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.

	Surname	Given names
Email		Phone

¹ 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 0800 864 724 or email unisaver@mercero.com.

Email this form to unisaver@mercero.com

Alternatively, post the form to:

UniSaver New Zealand
c/o 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)

Email this form to unisaver@mercero.com

Alternatively, post the form to:

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