

## 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)

**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	

**2**

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	

<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 0800 864 724 or email [unisaver@mercerc.com](mailto:unisaver@mercerc.com).

**Email** this form to [unisaver@mercerc.com](mailto:unisaver@mercerc.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@mercerc.com](mailto:unisaver@mercerc.com)

**Alternatively, post** the form to:

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