

Please send this completed form and supporting documents to:

[lifetime@linkmarketservices.com](mailto:lifetime@linkmarketservices.com)

Lifetime Asset Management,  
PO Box 91976, Victoria Street West,  
Auckland 1142.

If you have any questions when completing this form, please call Customer Services on 0800 266 268.

**PERSONAL SUPERANNUATION SCHEME  
FUTURE LIFESTYLE PLAN  
SUPERANNUATION MASTER TRUST**

## Deceased Member Withdrawal Application

**Which product do you have an investment? (select one):**

**Please complete a separate form for each of these if you are invested in both and want to change both.**

Future Lifestyle Plan (FLP)       Personal Superannuation Scheme (PSS)       Superannuation Master Trust (SMT)

**Use this form to apply for a withdrawal of a deceased member's account.**

**This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.**

**Once you have completed and signed this form please send it and any supporting documents to the address above.**

If you want to know which requirements are necessary, please contact the deceased member's Adviser or call Customer Service on 0800 266 268.

This member's Account Balance is (please tick):

**Over \$15,000**  
 **Under \$15,000**

Did the member leave a will?

	Document required	Who is the personal representative?	
<b>Yes</b>	Probate	Executor	Either Probate or Letters of Administration must be supplied with this application if the member's Account Balance is over \$15,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
<b>No</b>	Letters of Administration	Administrator	

For member accounts with a balance under \$15,000 where no Probate or Letters of Administration are applied for, the following people can act as the personal representative and may apply for a withdrawal by completing this form (make sure you complete clause 8 of the statutory declaration in section (e)):

- the widow, widower, surviving civil union partner, or children of the deceased person
- a surviving de facto partner of the deceased person
- the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors or any of them
- any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors

\*These fields must be completed

### (a) Deceased member details

\*Plan number       \*Estate of (full name of member)

\*Date of birth              \*IRD number

We only require the Prescribed Tax Rate (PIR) for members of the Personal Superannuation Scheme and Superannuation Master Trust

\*Prescribed Tax Rate (PIR)  10.5%     17.5%     28%

Tax is deducted from any withdrawals using the information held by Lifetime at the time a withdrawal is made. If the member's PIR has changed, please advise the new PIR. If you're unsure of the member's PIR please contact the member's Adviser or Inland Revenue. Future Lifestyle Plan is not a Portfolio Tax Entity, Prescribed Investor Rate are not required.



**(e) Statutory declaration**

\*Full name of personal representative (1)

Full name of personal representative (2)

do solemnly and sincerely declare that:

1. I am/We are applying to Lifetime for a full withdrawal of the member's account to be paid into the bank account specified in this application and I/we understand that the deceased member's membership of the Scheme will end;
2. I/We confirm that the information in this application (and any attachments to this application) is true and correct;
3. I/We understand that acceptance of the application is at the discretion of Lifetime and that fees may apply;
4. I/We understand that Lifetime may request additional information from me/us relating to this application;
5. I/We acknowledge that the Privacy Act 1993 provides me/us with the right to request access to and/or correction of any of my/our personal information held by Lifetime (Lifetime in this context includes all the members of Lifetime Asset Management and their subsidiaries, associated companies and agents) or the Supervisor of the Scheme. I/We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of the Scheme (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). I/We authorise Lifetime and/or the Supervisor to obtain additional information in relation to this application from any third party/ entity.
6. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
7. I/We indemnify the Supervisor, Lifetime and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of the deceased member's membership of the Scheme and/or withdrawal amount.

**8. Please complete for member's with a account balance under \$15,000 only**

- the deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for Letters of Administration.
- or
- the above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased's life in terms of Section 65 of the Administration Act 1969 and I/we will if called upon indemnify Lifetime Asset Management, and/or any related company and/or and Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

\*Relationship to the deceased

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

**(f) Personal representative (1)**

Declared at

Official mark

\*Personal representative (1) signature

this (date)

Official mark

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

Full name, title/office of person authorised to take a declaration

Date

of city (where signing)

Occupation

Signature of person taking declaration

**(g) Personal representative (2)**

Declared at

PLACE
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**Personal representative (2) signature**

SIGN HERE
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this (date)

D	D	M	M	Y	Y	Y	Y
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Official mark

Official mark

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

Full name, title/office of person authorised to take a declaration

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Date

D	D	M	M	Y	Y	Y	Y
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of city (where signing)

PLACE
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Occupation

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**Signature of person taking declaration**

SIGN HERE
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**(h) Adviser use only**

Adviser name

B	L	O	C	K		L	E	T	T	E	R	S							
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Adviser code

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Adviser's business name

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I certify that I have completed the most recent training provided by Lifetime for this product, and have complied with the requirements of the Financial Markets Conduct Act 2019, and all other applicable laws.

Signature of Adviser

SIGN HERE
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Date

D	D	M	M	Y	Y	Y	Y
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