Westpac Active Series Deceased Estate Withdrawal Form



To the Manager

This form must be completed by the persons who have been granted:

- · Probate, where the deceased left a Will (executor); or
- · Letters of Administration, where the deceased did not leave a Will (administrator).

Please note where Probate/Letters of Administration are not required to be applied for and the value of the

		e for withdrawal is \$15,000 to complete this form.	or less, any of the	he persons set out in the	e box at the end of the form
A. Deceased details	○Mr ○Mrs (Date of birth DD / MM / YYYY			
	Name FIRST	MIDDLE			
	Unitholder numbe	r		D number (if available)	
	Postal address	NUMBER & STREET	SUBURB		
	TOWN/CITY	POSTCODE			
B. Claimant(s) details	1. OMr OMrs	s Miss Ms Other	r (please specify)		Date of birth DD / MM / YYYY
	Name FIRST	MIDDLE	LAST		
	Home address NU	JMBER & STREET		SUBURB	
	TOWN/CITY	POSTCODE			
	Postal address (if o	lifferent) NUMBER & STREET		SUBURB	
	TOWN/CITY	POSTCODE			
	Occupation	Phone			
		ceased (state if executor or admini	strator)		
	2. Mr Mrs Miss Ms Other (please specify)				Date of birth DD / MM / YYYY
	Name FIRST	MIDDLE	LAST		
	Home address NU	JMBER & STREET		SUBURB	
	TOWN/CITY	POSTCODE			
	Postal address (if o	lifferent) NUMBER & STREET		SUBURB	
	TOWN/CITY	POSTCODE			
	Occupation	Phone			
	Relationship to de	ceased (state if executor or admini	strator)		
	3.	s Miss Ms Othe	r (please specify)		Date of birth DD / MM / YYYY
	Name FIRST	MIDDLE	LAST		
	Home address NUMBER & STREET SUBURB				
	TOWN/CITY	POSTCODE			
	Postal address (if different) NUMBER & STREET SUBURB				
	TOWN/CITY	POSTCODE			
	Occupation	Phone			
	Relationship to de	ceased (state if executor or admini	strator)		



I, NAME	of Address	Date DD / MM / YYYY
I, NAME	of Address	Date DD / MM / YYYY
I, NAME	of Address	Date DD / MM / YYYY

Solemnly and sincerely declare that:

I am/We are entitled to make this claim and that all the information which is provided in this form and in all supporting documents is true and correct.

I/We understand that:

Signature

- BT Funds Management (NZ) Limited (as manager of the Westpac Active Series) ("Manager") will not process this withdrawal request unless it receives a fully completed withdrawal form and all supporting documents and may ask for further information from me/us in relation my/our withdrawal request which will delay the processing of this request.
- The withdrawal value will normally be based on the unit price applying on the business day the withdrawal request is
 accepted, so may be subject to change, and can be affected by market volatility, PIE tax rebates or deductions, or other
 pending transactions.
- · On withdrawal, the Manager will close the investment account of the deceased.
- This instruction is irrevocable, once submitted, unless the Manager and supervisor of the Westpac Active Series agree otherwise.
- Withdrawal payments will generally be paid to the nominated bank account within 10 business days of acceptance of the withdrawal request, but the Manager may from time to time (in accordance with its rights under the Trust Deed) suspend withdrawals or delay payments, which may impact processing timeframes and the amount received on withdrawal.
- I/We will apply the proceeds from the withdrawal in due course of administration of the deceased's estate as the law requires.

I/We declare that the deceased (select one):		
Left a Will, and Probate has	not and will not be applied for; or		
Oid not leave a Will, and Lett	ers of Administration have not and wi	ıl not be applied for.	
(including its own legal costs of payment of the balance theref	fy the Manager against any claims, los on a solicitor/client basis), which may a fore and also against all amounts the N on a solicitor/client basis), charges and	arise in connection with the s Manager may be called upon	aid investment or the to pay and all costs
Manager and in accordance w	oleting this form, I/we will be providing ith Westpac's Privacy Policy (available and correct this information subject to	on the Westpac website at v	vestpac.co.nz/privacy).
And I/we make this solemn de Declarations Act 1957.	claration conscientiously believing the	e same to be true and by virtu	ue of the Oaths and
1. Name FIRST	MIDDLE		
	oublic, a Registrar or Deputy Registrar		
authorised to take a Statutory De	eclaration in accordance with the Oath	is and Declarations Act 1957)	:
Signature			Date DD / MM / YYYY
2. Name FIRST	MIDDLE	LAST	
Signature			Date DD / MM / YYYY
Declared at, THIS			Y
	oublic, a Registrar or Deputy Registrar eclaration in accordance with the Oath		_

Date DD / MM / YYY

Balances \$15,000 or less (where applicable)

Persons entitled to make a claim under section 65 (2) of the Administration Act 1969 include:

3. Name FIRST

- · Widow or widower.
- · Surviving civil union partner.
- · Children of the deceased.
- · Surviving de facto partner.
- · The persons beneficially entitled to the estate of the deceased under the Will or on intestacy.
- · Any person appearing to be entitled to obtain administration of the estate in New Zealand.
- Any person related by blood, marriage or civil union to the deceased 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 of the children of the deceased who are minors.

Please return the completed form and the following documents (as applicable):

- · A certified copy of the Death Certificate or Medical Certificate of Cause of Death.
- · A certified copy of the Will.
- · A certified copy of Probate or Letters of Administration.
- · In the case of a person claiming a balance \$15,000 or less, evidence of the relationship to the deceased e.g. Marriage/Birth Certificate.
- · An original certified copy or original bank statement/deposit slip, if the bank account you've provided is not a Westpac New Zealand bank account.
- A certified copy of acceptable identity document for all claimants in Section B. This is usually by way of either a certified copy of a New Zealand passport
 or a New Zealand photo driver licence.
- A certified copy of proof of address documents for all claimants in Section B. The document must be dated within the last 12 months and show the claimant's name and current residential address.

For a full list of acceptable identity and proof of address documents, please go to westpac.co.nz/aml

By mail to the Manager at: Westpac Active Series, PO Box 695, Wellington 6140.

Please call us on 0800 808 012 between 8am and 5pm if you need any help.

What's a certified copy?

A certified copy is a copy of an original document on which an authorised person (such as a Justice of the Peace, solicitor or other legally authorised person) has confirmed it is a true copy of the original. All certified copies must include:

- · The certifier's name, occupation, signature and date
- The following or equivalent wording: "I certify this to be a true copy of the original document as sighted by me on [date]"
- · For identity documents only, add: "and it represents the true likeness and identity of the individual"

The certifier can't be: someone you're related to, your spouse/partner, someone who lives at the same address, or involved in the transaction or business requiring the certified document.

Alternatively, you can go into a Westpac branch and have these original documents verified by branch staff.

Investments made to the Westpac Active Series do not represent bank deposits or other liabilities of Westpac Banking Corporation ABN 33 007 457 141 (Westpac), Westpac New Zealand Limited (Westpac NZ) or other members of the Westpac group. They are subject to investment and other risks, including possible delays in payment of withdrawal amounts in some circumstances, and loss of investment value, including principal invested. BT Funds Management (NZ) Limited is the manager of the Westpac Active Series (Scheme). None of BT Funds Management (NZ) Limited, as manager, Westpac NZ, Westpac, any member of the Westpac group (or any of their nominees), or any director of any of those entities, or any other person guarantees the Scheme's performance, returns or repayment of capital.

Westpac branch use – branch checklist	Branch name	Staff name	
Form is complete Customer is AML compliant, current ID and proof of address has been verified/certified and loaded into Sales Customer (Assist)			