

# Statutory Declaration



- If there is NO WILL the Next of Kin should complete this form
- If there is a WILL the Executor/s named in the Will should complete this form

Policy/Plan No:

## 1 Particulars of Deceased

	Title	First name(s)	Last name
Full name	<input type="text"/>		

## 2 Particulars of Claimant

(executors or next of kin)

	Title	First name(s)	Last name
Full name	<input type="text"/>		
Occupation	<input type="text"/>		
Residential address	Street	<input type="text"/>	
	Suburb	<input type="text"/>	
	City	<input type="text"/>	Postcode <input type="text"/>
Relationship to Deceased (Executor/Spouse/Partner/ Child/Parent/Sibling)	<input type="text"/>		

### Particulars of surviving spouse/partner and children OR surviving parents, brothers and sisters

Full Name	Date of Birth	Relationship	Residential Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3 Declaration and Consent (to be completed by the Claimant)

**PLEASE TICK 1(a) OR 1(b), WHICHEVER IS APPLICABLE AND ENSURE A CERTIFIED COPY OF THE WILL IS ATTACHED IF 1(b) IS SELECTED**

I/we, the above named claimant/s do solemnly and sincerely declare and affirm:

1.  **EITHER (a)** that the above named deceased died intestate (without a legal Will) and I am the person entitled to take out Letters of Administration in his/her estate.
- OR (b)** that the above named deceased left the Will which is annexed to this declaration and I am / we are the appointed executor/s.

**3 Declaration and Consent Continued...** (to be completed by the Claimant)

2. That the estate is not being and will not be administered by the Public Trustee.
3. That I am entitled to the proceeds of the above Policy/Plan owned by the deceased and I will if called upon indemnify AIA New Zealand Limited for any loss it may incur through payment of the Policy/Plan proceeds to me.
4. I make this solemn Declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared at	this	day of	20
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Full name/s of Claimant/s:

Signatures of Claimant/s

Before me:

Full name of witness:

Signature of witness:

**A witness can be any of the following:**

- A Justice of the Peace or Solicitor;
- Or Registrar or Deputy Registrar of the High Court or District Court;
- Or any other person by law authorised to administer on Oath.

