

**Wise Bereavement Team — Refund and Closure form. Wise Payments Limited
New Zealand Branch**

Upon completion, please submit to: bereavements@wise.com

Full Name of the Deceased _____

Date of birth of the deceased (DD/MM/YYYY) _____

P-Reference / Membership Number (if known) _____

Authority for making the claim (only tick one):

- ☐ Executor (please provide a copy of the Will/Grant of Probate or equivalent. Where there is no Will, please provide evidence of entitlement/Letters of Administration or equivalent).
- ☐ Legal representative of the Executor(s). (please provide the Executor/Personal Representative's authority + relevant documents for the Executor/Personal Representative).
- ☐ Other (Please specify what document appoints you and provide attachments if you haven't already). _____

If multiple executors or heirs are appointed, the additional Authorisation Form must be provided, filled and signed by each individual executor.

As the appointed executor to represent the estate, I confirm:

- I confirm that I am authorised to make this claim on behalf of all Executors or Heirs to the Estate. The relevant power of attorney document is attached.

Please read the below statements carefully before signing. By signing this form, you authorise Wise to:

- Exit any investments held in Assets by the deceased and transfer the positive balance to the Wise multi-currency account.
- Use funds from the multi-currency account to settle any potential outstanding fees or negative asset balances.
- Transfer the final balance of the deceased's Wise account to your nominated account below and deactivate the deceased's customer profile to prevent any further activity on this profile.

I confirm that:

- I have read, understood and accepted the terms of this form.
- That I am entitled and/or authorised to make this claim on behalf of the estate.
- That the funds will be distributed to the beneficiaries in accordance with the terms of the deceased customer's Will or, where there is no Will, in accordance with the law.
- I indemnify the entire group of Wise entities from any further claims on behalf of the deceased customer's estate.

Where no Grant of Probate / Letters of Administration is available, I further confirm that:

- That the value of the deceased's customer's entire estate is less than NZD 15,000.00 and does not include any real estate.

We are only able to refund the amounts to account in the name of an appointed executor, client accounts if represented by a firm or attorney, or estate accounts (mark below).

☐ The account below is nominated for the estate.

Details of the nominated account to which funds should be transferred:

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Account Holder Name _____

Bank / Financial Institution _____

Account N° / IBAN _____

BSB Code / BIC _____

Type of account (checking/savings) _____

Currency Denomination _____

Reference (optional) _____

Amount to refund:

- ☐ Total to how funds are held at Wise
- ☐ Other - please specify

Details of claimant:

Name _____

Date of birth _____

Address (incl. country) _____

Signature:

**If you are a legal advisor completing this form on behalf of the deceased's estate,
please complete the below:**

- I give this indemnity as the authorised claimant.
- I am responsible for any losses or costs incurred by Wise's group of entities as a result of any future claims made against the estate.

Name of Attorney / Law Firm _____

Law firm's representative _____

Address (incl. country) _____

Signature:

We will do our utmost not to contact you unnecessarily during this time. However, in case of missing information or documentation, we may need to contact you using the email address you contacted us from. Should you wish us to use an alternative email address, please confirm.

Email address _____