

## CHECK LIST For Pre-Paid Funeral Trust Deposits

- PLANNING BROCHURE**  
Uplift and complete left hand side of the Pre-planning Brochure available from the Funeral Home  
*(required information for lodging funds)*
- IRD NUMBER**  
Enter in boxes provided overleaf
- TAX RATE**  
Circle your tax rate for withholding tax
- PAYMENT METHODS**
  - 1) Internet Banking  
Account # 020 733 0020404 02  
Provide Surname as a Reference  
*(If payment made before sending form, please advise the Funeral Home )*
  - 2) Cheque - made out to:  
Kapiti Coast Funeral Home  
Prepaid Funeral Trust Account
  - 3) Credit/Debit Card - With payments made by cards at the Funeral Home, Card charges will be deducted from the deposit amount shown.
- SENDING**  
By Post  
Kapiti Coast Funeral Home, PO Box 119,  
Paraparaumu 5254 or  
  
Deliver to  
Kapiti Coast Funeral Home, 9 –11  
Hinemoa Street, Paraparaumu 5032



**9-11 HINEMOA STREET**  
**PO BOX 119**  
**PARAPARAUMU 5254**  
**04 298 5168**

[www.kapiticoastfuneralhome.co.nz](http://www.kapiticoastfuneralhome.co.nz)  
[email.office@kapitifuneral.co.nz](mailto:email.office@kapitifuneral.co.nz)

Kapiti Coast  
**Funeral Home**

**Pre-Paid  
Funeral Trust**

**BNZ Client Funds**



# Kapiti Coast Funeral Home

9-11 HINEMO A STREET  
PO BOX 119  
PARAPARAUMU 5254  
04 298 5168  
www.kapiticoastfuneralhome.co.nz  
email.office@kapitifuneral.co.nz

## Funeral Pre-Payment Agreement Terms and Conditions

I, (full name) \_\_\_\_\_

Of (Address) \_\_\_\_\_

Having read and understood the following terms and conditions:

- i. The funds deposited will be held in my name and to my account in a Bank of New Zealand Client Fund Service Account administered by Kapiti Coast Funeral Home Limited. This is a Trust Account which records my name as the owner of the funds invested.
- ii. The funds are held in a separate deposit facility which does not form part of the business accounts of Kapiti Coast Funeral Home Limited.
- iii. Interest will compound on my deposit at the interest rate of the total client fund that Kapiti Coast Funeral Home holds in the trust.
- iv. When funds are withdrawn to meet funeral expenses a full invoice is issued to the executor of the estate, together with an invoice for shortfall or a refund for excess of funds held.
- v. The provision of a prepaid funeral account is a service offered by Kapiti Coast Funeral Home Limited. No charge is made for arranging this service and no commission received. By signing this I confirm that Kapiti Coast Funeral Home Limited have not provided me with any financial or investment advice and have not acted as advisers in this matter.
- vi. I, or my authorized agent, can request an account balance of my individual account at any time by contacting Kapiti Coast Funeral Home Ltd. If a statement is required to be issued a postage and administration charge may apply.
- vii. If funds are withdrawn for any reason other than to pay Kapiti Coast Funeral Home Limited, e.g. for personal reasons such as financial hardship or to pay another Funeral Home to carry out funeral arrangements, then a minimum account servicing fee of 5% of the funds held will apply.
- viii. Tax, in the form of resident withholding tax, will be deducted by the BNZ bank. If a tax certificate is required to be issued to the client by post, a postage and administration charge will apply for this.

I hereby authorize Kapiti Coast Funeral Home Limited to place the above funds in my name in a Client Fund account with the Bank of New Zealand.

I further agree that any amounts owing for funeral expenses following the uplifting of funds, will be paid by my estate or persons taking responsibility for my funeral expenses. In the case of surplus funds being available following uplifting of funds from my Client Fund account with the Bank of New Zealand, these will be refunded to my estate (as per clause iv. above).

Signed \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

IRD no: --

Pre Paid Amount \$ \_\_\_\_\_  
(Note—Any card charges will be deducted from the amount deposited)

Tax rate (circle) 10.5%, 17.5%, 28% (Company rate) 30%, 33% (No IRD Number rate)

Official use only

Received from (Person's name): \_\_\_\_\_

Received the Sum of \$ \_\_\_\_\_ for funeral Expenses.

Signed \_\_\_\_\_ Name (staff) \_\_\_\_\_ Date \_\_\_\_\_  
For Kapiti Coast Funeral Home Ltd.