

# Application for withdrawal - Significant financial hardship

Use this form to apply for a withdrawal from your KiwiSaver account if you are experiencing, or likely to experience, significant financial hardship. We will also require you to complete an AML Identity Verification form which is available on our website [www.nzfunds.co.nz](http://www.nzfunds.co.nz)

Please email completed form and documentation to [nz\\_kiwi@linkmarketservices.com](mailto:nz_kiwi@linkmarketservices.com) and send original:

- via post to: Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Auckland 1142; or
- via courier to: Link Market Services, Level 11, Deloitte Building, 80 Queen Street, Auckland Central, Auckland 1010.

## 1 | Introduction

In order for the Supervisor to approve your withdrawal, they must be reasonably satisfied that you are suffering or likely to suffer significant financial hardship. Significant financial hardship includes significant financial difficulties that arise:

- When you are
  - unable to meet minimum living expenses; **or**
  - unable to meet mortgage repayments on your family residence, resulting in the mortgagee seeking to enforce the mortgage.
- Due to the cost of
  - modifying your home to meet special needs arising from your or a dependant's disability; **or**
  - medical treatment for an illness or injury to you or your dependant; **or**
  - a funeral for your dependant; **or**
  - personal care for you or a dependant of yours.

To apply for a significant financial hardship refund:

- complete all sections of this form;
- complete and sign the declaration in section 6 and have it witnessed;
- attach all required documentation; **and**
- return completed form to the address indicated above.

If you have any questions about completing this form, please call 0800 NZF KIWI (693 5494).

Please note further information may be requested after the Supervisor has reviewed your application.

If your application is approved, the maximum amount that can be withdrawn does not include the \$1,000 kick-start (if applicable) nor the amount of Government's contributions.

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## 2 | Your personal details

### Member number

N	Z	F									
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### IRD number

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### Name

Title	First name	Middle name(s)	Surname
<input type="text"/>			

### Residential address (not PO box)

Street		
<input type="text"/>		
Suburb	Town / city	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Phone number(s)

Mobile	Home	Business
<input type="text"/>	(     )	(     )

### Date of birth

Day - Month - Year

### Email address


### Name

Title	First name	Middle name(s)	Surname
<input type="text"/>			

### Is your spouse/partner in paid employment?

- Yes     No     Not applicable

### Home ownership status

- Rent     Board     Own home     Other, please specify

### Dependents

Name	Age	Nature of relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Nature of relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Nature of relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Nature of relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Age	Nature of relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Have any personal details changed?

- Yes     No

Continued over...

### 3 | Financial Statement

#### Assets

Enter all business and private assets including those of your spouse/partner

##### Property (market value)

Residential property address

Value

Other property address

Value

##### Vehicles (e.g. car, boat, caravan - please include the registration number)

Model and year

Registration no.

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Value

Model and year

Registration no.

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Model and year

Registration no.

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##### Bank account details (enter account name and account number below)

Bank account name

Balance

Bank

Branch

Account number

Suffix

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Bank account name

Balance

Bank

Branch

Account number

Suffix

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Bank account name

Balance

Bank

Branch

Account number

Suffix

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##### Other accounts (e.g. credit union, building society)



##### Household goods



##### Life insurance/Superannuation policies (indicate provider in box(es) below)

Value






##### Money owed (indicate money owed to you)



Continued over...

Other assets (shares, debentures, other - e.g. Bonus Bonds, loans, personal belongings, etc)

Value

Total Assets (all amounts in the right hand columns and print total in Box C)

## Liabilities

(enter all business and private liabilities including those of your spouse/partner)

Mortgages (indicate provider in box below)

Value

Amount owing

Other property mortgage (indicate provider in box below)

Value

Amount owing

Loans (indicate provider(s) in box(es) below)

Value

Amount owing

Bank overdraft

Value

Amount owing

Credit cards (indicate provider(s) in box(es) below)

Value

Amount owing

Leases

Purchase amount

Amount owing

Day - Month -Year

Day - Month -Year

Date purchased

Finish date

Day - Month -Year

Day - Month -Year

Date purchased

Finish date

Hire purchases

Purchase amount

Amount owing

Day - Month -Year

Day - Month -Year

Date purchased

Finish date

Day - Month -Year

Day - Month -Year

Date purchased

Finish date

Continued over...

**Trade accounts** (indicate account name)

Value

Amount owing

**Other debts** (e.g. Dept. for Courts, Dept. of Work and Income)

Value

Amount owing

**Total Liabilities** (all amounts in the right hand columns and print total in Box D)

## Income

(enter all income, including details of spouse/partner's income)

**Weekly income (after tax)**

Amount per week

salary/Wages/Pension/Drawings (attach a copy of last three payslips)

Part time work (attach a copy of last three payslips)

Spouse's or partner's income (attach a copy of last three payslips)

Self-employed income

Child support received

Working for families tax credits (previously known as Family Assistance)

Department of Work and Income benefit/superannuation (attach a copy of letter from WINZ)

Rent/board received

Interests/dividends

Other, please specify

**Total Weekly Income** (all amounts in the right hand columns and print total in Box A)**If spouse/partner has recently lost their job, state former income (per week)**

If spouse has recently lost their job, please state date when employment ceased

Day - Month -Year

Continued over...

## Expenses

(enter all expenses, including details of spouse or partner's expenses)

### Weekly expenses

Amount per week

Food/Groceries

\$

Rent/Board/Mortgage (attach a copy of rental agreement)

\$

Bus/Train/Petrol

\$

Childcare/School expenses

\$

Child maintenance payments (attach child support letter from Inland Revenue)

\$

Gas/Electricity

\$

Telephone/Mobile

\$

Clothing

\$

Internet

\$

Subscription services (e.g. Sky, Netflix, Lightbox, Spotify)

\$

### Loans, hire purchase and credit card payments (attach copies of current statement)

Company name

\$

\$

\$

Other (please specify)

\$

\$

\$

The following items should be shown as a weekly payment. Where you know an annual amount divide by 52 to convert to a weekly payment.

Vehicle insurance (e.g. car, boat, caravan)

\$

Vehicle registration/warrant

\$

House and contents insurance

\$

Rates

\$

Medical Insurance/expenses

\$

Life insurance/superannuation

\$

Other (please specify)

\$

\$

**Total Weekly Payments (add all amounts in the right hand columns and print total in Box B)**

B \$

Continued over...

## 4 | Office use only

Calculation: Income (Box A) less Expenses (Box B) = balance

\$

## 5 | Declaration of Significant Financial Hardship

Has your landlord threatened to evict you?

Yes  No  Not applicable

Has your mortgagor threatened to foreclose on your mortgage?

Yes  No  Not applicable

If you answered "yes" to any of these questions, please attach proof i.e. bank or landlord letter.

Give the reasons you are seeking a Significant Financial Hardship withdrawal.

Outline in detail how you would spend any approved withdrawal

Creditor name

\$

\$

\$

\$

Total

\$

How much money do you need?

\$

Have you sought independent advice from a budget adviser, e.g. Citizens Advice Bureau?

Yes  No  Not applicable

Have you approached your bank to refinance?

Yes  No  Not applicable

Have you approached Work and Income New Zealand for assistance?

Yes  No  Not applicable

If you answered "yes" to any of these questions, please attach proof i.e. letter of response from institution.

Continued over...

What alternative sources of funding have you explored and how much will this provide?


If your application is approved, which bank account would you like payment to be made into?

Bank account name

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Bank Branch

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Bank Branch Account number Suffix

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Have you transferred money from a UK Pension Scheme after 5 April 2006?

Yes  No

If you have transferred money from a UK pension scheme, we strongly recommend you seek independent tax advice before applying to make an early withdrawal as it could result in tax obligations in the UK.

## 6 | Member declaration

Name

Title	First name	Middle name(s)	Surname

Street

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of

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Suburb Town / city Postcode

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Occupation

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- request a withdrawal from my KiwiSaver account under the provisions of Significant Financial Hardship;
- confirm that I have explored and exhausted reasonable alternative sources of funding and their limits; **and**
- verify that the completed income, expenditure and statement of financial position documents attached are true and correct to the best of my knowledge.

I understand that personal information provided in this form will be used by the Manager, the Administration Manager and the Supervisor (including their related entities) to process my withdrawal request and to administer my membership of the NZ Funds KiwiSaver Scheme including satisfying the requirements of the AML/CFT Act (this may include using my personal information for the purposes of electronic identity verification using various third party databases including the Department of Internal Affairs database) and may be disclosed for these purposes to third parties where relevant, including my authorised financial adviser, Inland Revenue, or other government agency). I acknowledge I have the right to access and correct this information.

Continued over...



Further, I understand that the Supervisor, in determining whether to approve this withdrawal:

- might require further information from me relating to this application;
- might need to seek and obtain information that is held by any other person or organisation that the Supervisor considers appropriate for the purpose of checking the information in, and to assist in assessing, this application, and I authorise any person holding information relevant to this application to disclose it to the Supervisor on request;
- may limit the amount that is paid to an amount that, in its opinion, is required to alleviate my financial hardship, which may be less than the amount I am applying for; **and**
- will use and disclose information about my hardship and financial information for the sole purpose of assisting with the processing of this any other financial hardship application I may make.

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

### Signature

Signature of member

Day - Month -Year

Declared at (location)

Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration

Insert stamp here

## Checklist

I have:

- completed all sections of the form, **and**
- signed and dated Section 6 in the presence of a person authorised to take a statutory declaration
- had Section 4 duly authorised

I have attached for myself and my spouse/partner:

- copies of payslips (3) or proof of income (e.g. WINZ letter), **and**
- copies of bank account statements (last 3 months), **and**
- copy of residential rent agreement, **and**
- copy of overdue accounts and loans, **and**
- copy of credit card statements, **and**
- copy of photo ID (e.g. driver licence, passport), **and**
- a completed AML form