NZ Funds KiwiSaver Scheme

Application for Withdrawal
Serious Illness

Use this form to apply for a withdrawal from your KiwiSaver account if you are suffering serious illness.

We will also require you to complete an identity verification form, AML Form for an Individual (Form 1), which is available on our website www.nzfunds.co.nz > KiwiSaver > Documents > Member Forms.

Send by standard post to NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by courier to NZ Funds, Level 16, Jarden House, 21 Queen Street Auckland 1010.

Alternatively the form can be emailed to nzfkiwi@cm.mpms.mufg.com

1. Introduction

KiwiSaver is a long-term retirement savings initiative. Because it is specifically designed to help you to save for your retirement, there are only very limited circumstances in which you can withdraw funds prior to your qualifying date (the date when you reach New Zealand Superannuation age – currently 65 – or the date, if later, when you complete five years' KiwiSaver membership).

One of these circumstances is serious illness. Under the KiwiSaver Act 2006, serious illness means an injury, illness, or disability that:

a. results in the member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things; **or**

b. poses a serious and imminent risk of death.

As outlined above, the criteria for withdrawal on the grounds of Serious Illness are explicit and high. **If your inability to work is temporary then you are unlikely to qualify for a serious illness withdrawal** and may wish to consider applying for a withdrawal on the grounds of Significant Financial Hardship instead.

If the Supervisor determines you are suffering serious illness, you can withdraw all or a part of your total KiwiSaver balance including the $1000 kick-start and Government contributions, if any.

To make an application you need to:

- complete sections 2, 3, 4 and 5;
- ask your medical practitioner to complete section 6;
- attach a pre-printed deposit slip for the bank account you wish the money to be paid into;
- sign the form and have your signature witnessed by a Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration; **and**
- return the completed form to NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142, or by email to nzfkiwi@cm.mpms.mufg.com.

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

2. Your personal details

Member number

N Z F

IRD number

Name

Title | First name | Middle name(s) | Surname

Date of birth

Day | Month | Year

Residential address (not PO Box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

If you supply an email address, we will send you information relating to your investment by electronic means.
We suggest using your personal rather than work email address as this is less likely to change over time.

3. Amount requested

How much money do you need?

☐ **Amount** $

☐ **All available funds (after deduction of any fees, expenses and taxes).**
I understand my KiwiSaver account will then be closed.

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.

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

Bank account name

Bank | Branch

Bank | Branch | Account | Suffix

4. Statement of your condition

Name of general practitioner

Years of attendance

Exact nature of your serious illness

When did your serious illness commence?

Doctor/specialist treating you

Address of doctor/specialist

Street

Suburb | Town / City | Postcode

Other comments that may assist the supervisor

5. Your declaration

I solemnly and sincerely declare that:

☐ **I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver.**

☐ **I was living overseas for the following period:**

Day Month Year and Day Month Year

and I understand does not qualify to be paid the member tax credits for this period.

and I understand does not qualify to be paid the Government contributions for this periods.

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 financial adviser, Inland Revenue, or other government agency).
I acknowledge I have the right to access and correct this information.

I understand the Supervisor, in deciding whether to pay this application:

- 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, **and**
- will use and disclose the information about my serious illness for the sole purpose of assisting with the processing of this application.

I do solemnly and sincerely declare that the information provided in this application and the attached documents (if any) is complete and correct to the best of my knowledge and 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)

Before me

(Justice of the Peace, Solicitor, Notary Public or other person authorised to take a statutory declaration under the Oaths and Declarations Act 1957)

Name

Signature

Occupation

Insert stamp here

Checklist

I have:

☐ **completed sections 2, 3, 4 and**

☐ **signed and dated Section 5 in the presence of a person authorised to take a statutory declaration, and**

☐ **had Section 6 completed by my doctor.**

I attach for myself and my spouse/partner:

☐ **a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made.**

Payments will only be made to a third party with the provision of additional information. Please contact us if a third party payment is required.

☐ **supplementary information in support of this application, such as medical results and certificates.**

☐ **a completed AML form.**

6. Your doctor's declaration of your serious illness

Patient's name

Title | First name | Middle name(s) | Surname

Patient's address

Street

Suburb | Town / City | Postcode

Doctor/specialist's name

Clinic residential address (not PO Box)

Street

Suburb | Town / City | Postcode

Phone number

Email

I certify that

- I am a registered medical practitioner with the Medical Council of New Zealand, **and**
- the above-named is a patient of mine and I gave him/her a full medical examination on

Day | Month | Year

and

- in my opinion, the above-named has an injury, illness or disability which (select options below that apply):

☐ **results in them being totally and permanently unable to engage in work they are suited for (because of experience, education or training, or any combination of these); or**

☐ **poses a serious and imminent risk of death.**

I form this opinion based on (give a brief description of the patient's condition):

Signature

Signature of doctor/specialist

Day | Month | Year

☐ **Reports/records attached**

Medical practice stamp