



Serious Illness Withdrawal Form



Use this form to apply for a withdrawal from your Kiwi Wealth KiwiSaver Scheme account if you are experiencing serious illness.

Serious illness means an injury, illness, or disability that results in you being totally and permanently unable to engage in work you are suited to (because of experience, education, training, or a combination of these), or an illness that poses a serious and imminent risk of death.

How to apply for a serious illness withdrawal:

- complete the member details and payment details section on page 1;
- ask your doctor to complete the doctor's declaration section of the form on page 2 and attach any supporting evidence;
- complete the declaration and have this witnessed on page 3.

Please send the completed form and supporting documents to:

FreePost 210729
Kiwi Wealth Limited
PO Box 50617
Porirua 5240

If you require assistance completing this form or have questions, please contact us on 0800 427 384 or +64 4 494 6079.

Member details (complete all applicable fields)

Title Date of birth IRD number

First name(s)

Surname

Street address

PO Box

Suburb

Town/city Postcode

Home phone Work phone Mobile

Email address

Residency overseas (select one option)

To ensure that the correct member tax credit payments have been made to your account, please tick the statement that applies and if relevant, provide details of any periods you have lived outside of New Zealand since you joined KiwiSaver (travel/holiday periods not required).

- During my KiwiSaver membership, my principal place of residence was New Zealand.
- During my KiwiSaver membership, there were periods where my principal place of residence was not New Zealand. Those periods were:

Departed from NZ	Returned to NZ

Payment details (complete all fields)

Bank account number*

Bank Branch Account number Suffix

Name of account holder

**Please attach a pre-printed/bank stamped deposit slip or bank statement as proof of your bank account number.*

How much money do you need to withdraw?

All available funds or specified amount \$

Doctor's declaration of serious illness (complete all fields)

Patient

First name(s)

Surname

Address

Town/city

Doctor

I, Doctor

of (address)

Phone number

Mobile

Email address

certify that:

- I am a registered medical practitioner with the Medical Council of New Zealand
- the above named is a patient of mine, and was last seen by me on _____
- in my opinion, the above named has an injury, illness, or disability which:
 - 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 (please give a detailed description of the patient's condition and attach any supporting evidence):

Please note that the Supervisor of the Scheme may wish to seek further medical evidence from you or medical evidence from another party to enable them to consider the member's application.

Signature of doctor: _____

Date: _____

Work details (complete all applicable fields)

On _____ I was diagnosed with/suffered from _____
date nature of illness, injury, or disability

as evidenced by the attached Doctor's declaration and supporting evidence.

As a result of my illness/injury/disability, I am totally and permanently unable to engage in any work for which I am suited by reason of experience, education, or training.

I ceased work on _____.
date

Please attach any supporting evidence and note that the Supervisor of the Scheme may wish to seek further medical evidence from your Doctor or medical evidence from another party to enable them to consider your application.

Member declaration (complete all fields in front of an authorised witness)

I, (full name)

(occupation)

of (residential address)

solemnly and sincerely declare that

- I request a withdrawal from my Kiwi Wealth KiwiSaver Scheme member account under the provision of serious illness;
- my principal place of residence was New Zealand for the full duration of my KiwiSaver membership, other than the periods detailed above;
- all the information provided in this form and in all supporting evidence is true and correct;

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

Signature of member:

Declared at (place)

On this day

Before me

Justice of the Peace, solicitor of the High Court of New Zealand, Notary Public, or other person authorised to take statutory declarations.

Signature of witness:

Proof of identity

To verify your identity we require a certified photocopy of:

- Your current passport; or
- Your current firearms licence; or
- Your birth certificate AND one of the following:
 - both sides of your 18+ card; or
 - both sides of your current New Zealand driver licence; or
- Both sides of your current New Zealand driver licence AND one of the following:
 - both sides of your bank credit, debit, or eftpos card; or
 - a bank statement (dated within the last twelve months); or
 - a statement from a New Zealand Government agency (dated within the last twelve months).

To verify your residential address, we require a certified photocopy of a recent (i.e. dated within the last 12 months) bank statement or utility bill showing your name and residential address.

Each photocopy must be certified as a true and correct copy of the original that represents the identity of the member by a Justice of the Peace, solicitor of a High Court, or Notary Public. For more information on who can certify your identification go to www.kiwiwealth.co.nz/id. If you are sending in more than one form of identification, all photocopies must be certified.

Certification must include the name, referee type and signature of the referee, and the date of certification. Certification must have been carried out in the three months preceding presentation of the certified documents.

Checklist

Have you enclosed:

- A certified photocopy of identification and proof of residential address, as listed above?
- A copy of a pre-printed/bank stamped deposit slip or bank statement for the account funds are to be paid into?
- Supporting evidence provided by your doctor?

Did you:

- Ensure all applicable sections of this form are complete?
- Have your statutory declaration on page 3 witnessed by an authorised person?

* Please note that if you do not supply all the required documents and complete all sections of this form, it may delay your application.