

Life-Shortening Congenital Condition Withdrawal

Feb 2022 – LSCC0222V1



Acceptance of a withdrawal request is at the discretion of the Supervisor.

Who should complete this form?

Please use this form to apply for a withdrawal from your KiwiWRAP KiwiSaver Scheme investment if you are suffering a condition that is congenital (i.e. exists from your date of birth) and is either:

- a listed condition (as defined by law), or
- a non-listed condition (as defined by law).

In each case, a life-shortening congenital condition.

If you make a withdrawal from KiwiWRAP KiwiSaver Scheme under the life-shortening congenital condition category, you will:

- be treated as if you have reached the New Zealand superannuation qualification age; and
- no longer be entitled to government contributions or compulsory employer contributions.

A withdrawal under this category does not prevent you from continuing in paid employment.

NOTE: Before applying to make a withdrawal, please determine how any withdrawal may impact any social assistance or government assistance benefits you receive by contacting the relevant assistance provider.

01 Investor details

Title	First name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
IRD number	KiwiWRAP KiwiSaver Scheme account number	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	C N Z <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address		
<input type="text"/>		
Town/City	Post code	Date of birth
<input type="text"/>	<input type="text"/>	/ /
Phone	Email	
<input type="text"/>	<input type="text"/>	

02 Amount of withdrawal

How much of your KiwiWRAP KiwiSaver Scheme investment do you need?

Amount of withdrawal (please tick one):

All available funds; or,

A partial withdrawal of \$

NOTE: The Manager will adjust your withdrawal amount for any tax liability which arises as a result of the withdrawal.

For a partial withdrawal

Please deduct the amount proportionally across each asset that I am invested in; or

Please make my withdrawal request, as outlined below:

Asset	Amount \$	Asset	Amount \$
1. <input type="text"/>	<input type="text"/>	3. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	4. <input type="text"/>	<input type="text"/>

Please allow future withdrawal requests to be made by email instruction.

By ticking this option, you will be able to make partial withdrawals by sending us an email instruction to info@kiwiwrap.co.nz.

A full withdrawal may take up to 20 business days to process as we may not have received all employee and employer contributions or final government contribution payments from Inland Revenue.

NOTE: We will only make payments in New Zealand dollars to your previously nominated New Zealand bank account in your name either individually or jointly.

! IMPORTANT

Personal information

We may need to collect, use and disclose information about your health and financial situation in connection with your KiwiWRAP KiwiSaver Scheme account. This is set out in our privacy policy. At times, we may need to ask health service providers (including your doctor, hospital, clinic or ACC) for information about you. We will only collect and disclose relevant health information and we ask for your consent to do this in **Section 03 Statutory declaration**.

You should be aware that your health information (along with other personal information we collect) can be used to assess this application and in managing your KiwiWRAP KiwiSaver Scheme account.

You should also be aware that we may share your information with any necessary third party, such as the Supervisor, for the same purposes.

03 Statutory declaration

A statutory declaration is a written statement that allows a person to declare something to be true. This page must be completed in front of an authorised person who will witness the declaration.

Please note, your doctor **cannot** sign the statutory declaration as per the Oaths and Declarations Act 1957, Clause 9.

Who can witness me making the declaration?

The following people can witness you making the declaration

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the high court
- Registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- Any other person authorised by law to take statutory declarations

I, *(full name)*

Occupation

of *(address)*

Solemnly and sincerely declare that:

- I am suffering a life-shortening congenital condition as defined by law, and I am applying to the Supervisor for a withdrawal from my KiwiSaver account as detailed in this form to be paid to the bank account as specified in this form.
- I understand that acceptance of this application is at the discretion of the Supervisor.
- My principal place of residence has been New Zealand for the entire period I have been a KiwiSaver member.

Or

- I confirm that for the period I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

FROM

TO

FROM

TO

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- I acknowledge that I am not eligible to withdraw all of the government contributions I have received during my membership, unless I have lived in New Zealand over that time.
- I acknowledge that if I have lived overseas any time during my membership and did not have permanent residence in New Zealand, Inland Revenue may need to claim back some of the government contributions I received.

NOTE: As an exception to this rule, if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you're eligible to withdraw government contributions. If this applies, please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.

- I understand that my funds are being released to me as if I have reached the New Zealand superannuation qualification age.
- I will no longer be eligible to receive government contributions, or compulsory employer contributions in relation to any employment.
- I have read the Personal Information section of the form.
- I understand that the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or a reliable, independent source.
- I have read Consilium's privacy statement found at <https://www.consilium.co.nz/privacy-policy>.

***Declaration continued**

- I authorise Consilium NZ Limited to collect any relevant personal information from, and to disclose any relevant personal information to health service providers or other parties for the purposes of assessing this application and managing my KiwiWRAP KiwiSaver Scheme account.
- I understand that my withdrawal value may fluctuate based on the price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my KiwiWRAP KiwiSaver Scheme account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Supervisor will not be able to complete their assessment of this application if the information given in this form is incomplete or incorrect.
- I understand that the Manager and/or Supervisor may require that any medical matter asserted in support of the application for withdrawal be verified by medical evidence.
- I understand that the Manager and/or Supervisor may request additional information from me relating to this application and that they may require that any other documents, things or information produced in support of the application be verified by oath, statutory declaration or otherwise.

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

Declared at *(place)*

this date

Member signature

Before me (JP, solicitor, Notary Public or other person authorised to take statutory declarations, such as registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal).

Name

of city *(where signing)*

Witness signature

Occupation

Date

04 Signature where a power of attorney exists

This section should be completed if the application is being made by an individual who holds a power of attorney for the KiwiSaver member.

Certification of non-revocation of power of attorney

I, *(name of individual)*

of *(address)*

Certify:

1. That by a deed dated / /

Name *(of member)*

of *(address)*

appointed me his/her attorney.

2. That I have not received notice of any event revoking the power of attorney.

Signature of attorney

Date

05 Medical practitioner's declaration of life-shortening congenital condition

Patient details

Title First name(s) Surname

Address

Town/City Postcode Date of birth / /

Medical practitioner's details

I (full name)

of (address)

Town/City Post code

Phone Email

Certify that:

- I am a registered medical practitioner with the Medical Council of New Zealand.
- The above-named is a patient of mine.
- In my opinion, the above named has a life-shortening congenital condition.

Please select one of the two options:

Option 1: They have a listed life-shortening congenital condition being *(please select one of the below)*:

- Down syndrome Cerebral palsy Huntington's disease Fetal alcohol spectrum disorder

Option 2: They have a non-listed life shortening congenital condition which is expected to reduce their life expectancy below 65 years of age for them individually or for persons in general with the condition.

If you selected option 2, please provide details of the non-listed life-shortening congenital condition:

NOTE: The Supervisor may require additional information from you if it considers the information supplied is insufficient to enable it to make a decision. In this case we will contact you directly.

Medical practitioner's signature

Medical practitioner's stamp

Date / / Medical Council registration number

06 Checklist

I have:

- Signed and dated the form
- Completed the statutory declaration
- Obtained a medical practitioner's declaration
- Attached a certified copy of a power of attorney, if applicable

07 Additional information

NEXT STEP Please send your completed application by email or post to: info@kiwiwrap.co.nz or **PO Box 1106 Christchurch 8140**