Serious Illness Withdrawal

Feb 2022 – SI0222V1

KiwiWRAP

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 serious illness.

Serious illness means an injury, illness or disability that results in:

- you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training, or any combination of these things; or
- that poses a serious and imminent risk of your death.

01 Investor details

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

IRD number ___ ___ ___ - ___ ___ ___ - ___ ___ ___

KiwiWRAP KiwiSaver Scheme account number C N Z ___ ___ ___ ___ ___ ___ ___

Address

Town/City | **Post code** | **Date of birth** / /

Phone | **Email**

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.		3.	
2.		4.	

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.

If you make a full withdrawal from your KiwiWRAP KiwiSaver Scheme account, you will no longer be a member of the KiwiWRAP KiwiSaver Scheme and your account will be closed. A full withdrawal may take up to 20 business days to process as we may not yet have received all employee and employer contributions or final government contribution payments from Inland Revenue.

If you are opting for a partial withdrawal, you will remain a member of the KiwiWRAP KiwiSaver Scheme and you can still contribute to your account.

! 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 will need to 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 serious illness as defined in the KiwiSaver Act 2006, and I am applying to the Supervisor for a withdrawal from my KiwiWRAP KiwiSaver Scheme account as detailed in this form to be paid to the bank account as specified in this form.
- 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.
- 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 acceptance of this application is at the discretion of the Supervisor.
- I understand that if I have funds transferred from an Australian complying superannuation fund, and I am paid a partial withdrawal, the withdrawal must be applied to my KiwiSaver funds first.
- 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
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

- 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.

Declaration continued

- I understand that on full payment of my KiwiWRAP KiwiSaver Scheme account, my account will be closed and I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to 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 Medical practitioner's declaration of serious illness

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 and I have recently given them a full medical examination.
- In my opinion, the above named has an injury, illness or disability (please select the option below that applies) 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 provide a detailed diagnosis):

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

05 Checklist

I have:

- ☐ Signed and dated the form
- ☐ Completed the statutory declaration
- ☐ Obtained a medical practitioner's declaration

06 Additional information

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