

GUIDE TO KIWISAVER EARLY WITHDRAWAL FOR LIFE-SHORTENING CONGENITAL CONDITIONS

This guide explains which congenital conditions are eligible for an early withdrawal, the process to follow to make an early withdrawal and the benefits of being in KiwiSaver.

If you have a life-shortening congenital condition you could be eligible to withdraw your KiwiSaver savings early. If you're not an existing KiwiSaver member, you can join KiwiSaver and take advantage of all of the benefits that KiwiSaver offers, in the knowledge that you'll be able to apply for a withdrawal at a time that is right for you.

CAN I APPLY FOR A LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL?

You can apply for an early withdrawal if you were born with a congenital condition that is expected to reduce life expectancy below 65 for you or people in general with the congenital condition.

DOES MY CONGENITAL CONDITION QUALIFY?

The list of conditions that automatically qualify for a life-shortening congenital conditions withdrawal are:

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

If you have one of the four qualifying congenital conditions, your medical practitioner will just need to provide a medical certificate along with your application, confirming that you have that congenital condition.

If you have a life-shortening congenital condition not listed above, you can apply for an early withdrawal by completing the life-shortening congenital conditions withdrawal form. Your medical practitioner will need to provide additional information to support your withdrawal application.

WHO MAKES THE FINAL DECISION?

ANZ Investments is your KiwiSaver scheme provider. However, it's the scheme's supervisor The New Zealand Guardian Trust Company Limited (NZGT) who makes the final decision about your application. NZGT takes into account your individual circumstances and the requirements of the KiwiSaver Act 2006. We ensure you've sent in all the documents and submit them to the supervisor for assessment for you.

HOW LONG UNTIL I GET A DECISION?

We aim to pay your withdrawal and show it in your KiwiSaver account in ANZ Internet Banking and goMoney within 15 business days if you give us all the information we need. If we have to ask for more information, this may cause delays in the processing of your withdrawal.



HOW DO YOU APPLY FOR AN EARLY WITHDRAWAL?

If you think you're eligible for a life-shortening congenital conditions withdrawal, follow the steps below.

- 1 Complete the life-shortening congenital conditions withdrawal form.
- 2 Collect all of the supporting documents listed in the checklist on page 2 of the form. This includes a completed medical certificate from a medical practitioner.
- 3 Take your completed form to a Justice of the Peace or any other authorised person. You'll need to complete the Statutory Declaration (on page 4 and 5) in front of them and they will witness your declaration.
- 4 Send us your form and all of the supporting documents. You can email/post them to us, or drop them at any ANZ branch.

WHEN CAN I START MAKING WITHDRAWALS?

To make a withdrawal you'll need to complete the life-shortening congenital conditions withdrawal form. Complete this when you're ready to withdraw, as you're unable to set a withdrawal date in advance.

As part of the withdrawal process you'll need to include a medical certificate from a medical practitioner. There are no set ages or timeframes for when you can withdraw related to the congenital condition you have, so if you'd like more certainty please consult your doctor.

HOW MUCH CAN I WITHDRAW?

If you're eligible you can withdraw all of your KiwiSaver savings, either as a lump sum, a partial withdrawal or as a regular (fortnightly, monthly, or quarterly) withdrawal.

Once you make your first withdrawal, you'll no longer be eligible for Government or compulsory employer contributions. If you withdraw all of your KiwiSaver savings, your account will be closed.

Before making a withdrawal application please consider how your withdrawal may impact any social assistance benefits you receive.

Once you've made your first withdrawal, you'll need to complete the subsequent retirement withdrawal form for any subsequent withdrawals. You won't need to provide medical evidence for any subsequent withdrawals.

I'M NOT YET IN KIWISAVER, CAN I JOIN?

Yes, you can join KiwiSaver if you have a life-shortening congenital condition if you are:

- a New Zealand citizen or entitled to remain in New Zealand indefinitely, and
- living or normally living in New Zealand.

If you're already a KiwiSaver member with another provider, you can choose to transfer to the ANZ KiwiSaver Scheme at any time.

Visit anz.co.nz/joinkiwisaver to join online. Alternatively, you can join at any ANZ branch or email your application form to us at registry@anzinvestments.co.nz



WHAT HAPPENS ONCE YOU RECEIVE MY APPLICATION?

1

We receive your application and supporting documents. If you've given us your mobile number, we'll send a confirmation text.

2

We check your application and supporting documents. If anything is missing we'll let you know that we need more information. We can't continue to the next step until we have everything we need from you.

If all information is provided.

3

When you've given us all the information we need we'll assess your application.

4

We send your application and supporting documents to the supervisor for a final decision.

5

We'll let you know the outcome either by text, email or letter.

6

If your application is approved, we'll make payment to the bank account/s stated on your application form.

WHAT BENEFITS DO I RECEIVE AS A MEMBER?

KiwiSaver is an easy way to help you save for your future and has a range of benefits.

You can get contributions from the Government. From age 18 until the time you make a life-shortening congenital conditions withdrawal, and if you're mainly living in New Zealand, the Government will contribute 50 cents for every \$1 you contribute, up to a maximum of \$521.43 every year.

You can also get contributions from your employer. If you're employed and contributing from your pay, aged 18 or over and you haven't yet made a life-shortening congenital conditions withdrawal, your employer contributes at least 3% of your before-tax pay into your KiwiSaver account. Your employer's contribution is taxed.

Important Information: ANZ New Zealand Investments Limited is the issuer and manager of the ANZ KiwiSaver Scheme, the ANZ Default KiwiSaver Scheme and the OneAnswer KiwiSaver Scheme. The guide and product disclosure statement for the ANZ KiwiSaver Scheme and ANZ Default KiwiSaver Scheme are available at anz.co.nz. The guide and product disclosure statement for the OneAnswer KiwiSaver Scheme are available at anz.co.nz/oneanswer. ANZ Investments is not an authorised deposit taking institution (ADI) under Australian law and investments in each scheme aren't deposits in or liabilities of ANZ Bank New Zealand Limited, Australia and New Zealand Banking Group Limited, or their subsidiaries (together 'ANZ Group'). ANZ Group doesn't stand behind or guarantee ANZ Investments. Investments in the schemes are subject to investment risk, including possible delays in repayment, and loss of income and principal invested. ANZ Group won't be liable to you for the capital value or performance of your investment.



Call us:
0800 736 034



Email us:
service@anzinvestments.co.nz



For more information visit
anz.co.nz/kiwisaverwithdrawals

Use this form to apply for your **first withdrawal due to a life-shortening congenital condition**. If you want to make a **subsequent** life-shortening congenital conditions withdrawal, or amend your regular withdrawal, please complete the [subsequent retirement withdrawal form](#). Before making a withdrawal application please consider how your withdrawal may impact any social assistance benefits you receive. You can email this form and all required supporting documents to earlywithdrawals@anzinvestments.co.nz. Alternatively, you can take them to any **ANZ branch**, or post them to **ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142**.

1. YOUR INFORMATION

First name(s)

Surname

ANZ customer (or investor) number

Date of birth

Country of birth

Contact number Email

IRD number

Prescribed investor rate 10.5% 17.5% 28% (see anz.co.nz/pirupdate for help)

2. WITHDRAWAL AMOUNT

If my application is approved, I would like to make:

a withdrawal of my full available balance

If I withdraw my full balance, my KiwiSaver account will be closed, and I will no longer be a member of a KiwiSaver scheme.

a partial withdrawal of \$

The minimum amount you can withdraw is \$1,000.

a regular withdrawal of \$ starting
and at the following frequency: fortnightly monthly quarterly

Minimum of \$200 a fortnight, \$400 a month or \$1,000 a quarter.

If you have multiple funds and are choosing a partial or regular withdrawal, the withdrawal will be deducted proportionately across each fund you invest in, unless specified otherwise. If you have a specific withdrawal request, please specify the **fund name(s) and dollar amount(s)** below.

3. BANK ACCOUNT DETAILS

We can only pay your withdrawal amount to you; we can't pay to a third party.

If my application is approved, please pay my withdrawal amount into my New Zealand bank account below:

Payment account

Bank	Branch	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of bank account holder

If you have listed a non-ANZ bank account, please provide us with a pre-printed deposit slip or bank statement dated within the last six months.

If you'd like your withdrawal amount paid to an overseas bank account, please complete an International Money Transfer (IMT) form available from anz.co.nz/kiwisaverforms

LIFE-SHORTENING CONGENITAL CONDITIONS

WITHDRAWAL APPLICATION FORM

4. PRIVACY

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at anz.co.nz/privacy. If you prefer a print version, it is available to download as a PDF or from any branch. We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

5. IDENTIFICATION

As part of your application, you must provide either certified or verified copies of your valid ID and proof of address. An ANZ staff member or an ANZ Investments approved financial adviser can verify these documents. Alternatively a Notary Public, Justice of the Peace, NZ lawyer, or other person who has legal authority can certify these documents before sending them to us. See anz.co.nz/myid for more information.

If we need to ask you for further information, this will delay the processing of your application.

Identity documents

Please provide us with:

Option 1: ONE of these documents:

- New Zealand passport National ID card
 Overseas passport (signed) New Zealand firearms licence

Option 2: A New Zealand driver licence AND ONE of these documents (must be dated within the last six months):

- Bank statement Central Government Agency document (issued to you)
 SuperGold Card New Zealand Defence or Police Photo ID

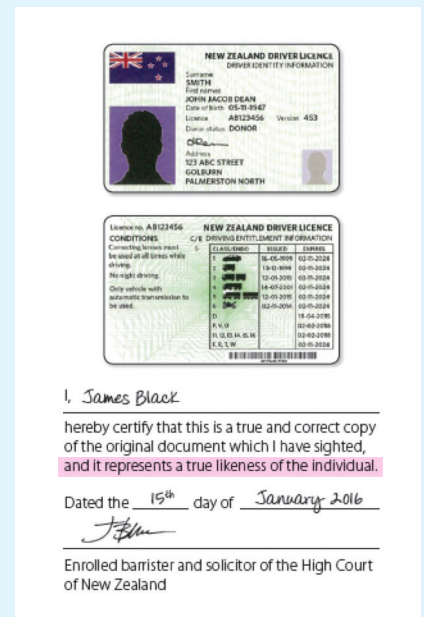
Option 3: ONE form of primary non-photo ID

- New Zealand full birth certificate Certificate of New Zealand citizenship
 Overseas birth certificate Overseas citizenship certificate

AND

ONE form of secondary photo ID

- New Zealand driver licence New Zealand Defence or Police Photo ID
 International Driving Permit 18+ card or Kiwi Access Card



Here is an example of what your ID should look like when it's been certified correctly. Ensure the 'true likeness' wording is included, that the image of you is clear, and the text can be clearly read.

Proof of address

Please provide us with **ONE** of the below acceptable forms of address. The document must be dated within the last six months and show your name and current New Zealand residential address.

- Utility bill Signed rental tenancy agreement, flatting or sub-letting agreement Educational Institution letter from education facility, must be on letterhead paper
- Bank statement or bank document Electoral roll papers Short-term accommodation letter issued by the accommodation provider and include your name
- Non-bank financial institution statement or document Electronic White/Yellow Pages Letter from employer on company letterhead confirming residential address
- Central Government Agency document e.g. IRD, ACC Insurance policy document
- Local Council/Government letter Car registration notification/demand

LIFE-SHORTENING CONGENITAL CONDITIONS

WITHDRAWAL APPLICATION FORM

6. CHECKLIST

Make sure you send us everything listed below, we can only process your application when we have:

- your completed application.
- your completed statutory declaration signed by you, and witnessed by a person, within the last three months, who is authorised to take statutory declarations.
- certified/verified copies of your ID and proof of address.
- your medical certificate signed by your medical practitioner.

7. WHAT TO EXPECT NEXT

- Once you've submitted your withdrawal application, you'll receive a text/email confirming it's been received and that we're checking all documents have been provided.
- If we require any additional information or documents we'll contact you using the mobile, email and/or postal address you have provided us.
- Once we have all the documents required we'll send your application to the supervisor, who will make a determination.
- If your application is approved we will send you a text/email with a confirmation.
- We aim to pay your withdrawal and show it in your KiwiSaver account in ANZ Internet Banking and goMoney within 15 business days if you give us all the information we need. If we have to ask for more information, this may cause delays in the processing of your application.
- The payment should be available in your account within three business days of the approval.
- If the value of your investment reaches zero at anytime, your account will be closed and you will no longer be a member of a KiwiSaver scheme.

STATUTORY DECLARATION

LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL APPLICATION FORM



ANZ branch staff can't take statutory declarations. A solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you. For more information about who can take statutory declarations, see anz.co.nz/myid.

1. ELIGIBILITY FOR GOVERNMENT CONTRIBUTIONS

During your KiwiSaver membership, were there any periods when you lived overseas and did not have a permanent residence in New Zealand?

No (continue to section 2) **Yes.** List below the periods when you lived overseas and did not have a permanent residence in New Zealand:

I lived in	<input type="text"/>	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
I lived in	<input type="text"/>	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>
I lived in	<input type="text"/>	from	<input type="text"/>	<input type="text"/>	<input type="text"/>	to	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be eligible to withdraw Government contributions you have received during your KiwiSaver membership, you must have had your principal place of residence in New Zealand over that time.

If you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you are eligible for 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.

2. STATUTORY DECLARATION

Ensure you include your occupation. If you, the member, are either retired or unemployed please note this in the occupation box.

I (Full name of the person making the declaration)
of Residential address
 Postcode
and Occupation

solemnly and sincerely declare that:

I understand that

- if my withdrawal is approved, my KiwiSaver savings will be paid to me as if I have reached age 65. This means that after my withdrawal, I will no longer be eligible for Government contributions and my employer can stop their contributions.
- if I have not had a principal place of residence in New Zealand during my KiwiSaver membership, I will not be entitled to withdraw any Government contributions received during that period. Any Government contributions claimed on my behalf during any such period will be returned to the Commissioner of Inland Revenue. The information I have provided in section 1 (above) is correct to the best of my knowledge.
- If I have multiple funds, and have chosen a partial or a regular withdrawal, the withdrawal will be deducted proportionately across each fund I invest in, unless specified otherwise.
- my funds continue to be invested, and may rise and fall in value, until the withdrawal is approved and payment is processed.
- ANZ Investments or the supervisor may contact the medical practitioner providing the certificate on page 5 to gain clarity of my congenital condition if required. I consent to that medical practitioner providing my personal information to ANZ Investments or the supervisor for that purpose.

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 the person **making** the declaration (the applicant)

Declared at (location) this day of 20

Before me: (signature, name, occupation and address of the person in front of whom the declaration is made)

Full name
Address
 Postcode
Occupation
Signature of the person **taking** the declaration

LIFE-SHORTENING CONGENITAL CONDITIONS

WITHDRAWAL APPLICATION FORM

MEDICAL CERTIFICATE

To:
ANZ Investments
Freepost 324, PO Box 7149
Victoria Street West, Auckland 1142

Attention: Funds Management Operations

Patient's full name

Patient's date of birth

D D

M M

Y Y Y Y

Patient's address

Postcode

I Medical practitioner's full name

of Postal address

Postcode

Contact number

Email

Verify that:

- I am a registered medical practitioner.
- I have included a medical certificate that confirms that the member has one of the following listed congenital conditions.
- Down syndrome
 - Cerebral palsy
 - Huntington's disease
 - Fetal alcohol spectrum disorder

OR

- In my opinion the member has a life-shortening congenital condition (other than a listed congenital condition) that is expected to reduce life expectancy below 65 years for the member or persons in general with this congenital condition.

Description of life-shortening congenital condition

Please provide full details of the non-listed life-shortening congenital condition that the member has, with reference to existing national or international research that forms the basis for the life expectancy assessment. We require confirmation that in the member's case there would have been an expectation at the date of birth, by reason of their congenital condition, of not living to age 65.

LIFE-SHORTENING CONGENITAL CONDITIONS

WITHDRAWAL APPLICATION FORM

Registered medical practitioner's signature

Registered medical practitioner/practice stamp

Date

Medical Council registration number

INTERNAL USE - ANZ STAFF ONLY

I (staff full name)

Branch Stamp

hereby verify that this is the original document.

Date

Signature

Staff job role

Branch name

Once completed – staff must scan this form and all required supporting documents in the checklist to earlywithdrawals@anzinvestments.co.nz