

GUIDE TO KIWISAVER EARLY WITHDRAWAL FOR LIFE-SHORTENING CONGENITAL CONDITIONS

This guide explains which 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 condition that is expected to reduce life expectancy below 65 for you or people in general with the condition.

DOES MY CONDITION QUALIFY?

The Government will be publishing a list of eligible conditions, however this is not yet available. However, if you have a life-shortening congenital condition, you can apply for an early withdrawal by completing the life-shortening congenital conditions withdrawal form.

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'll usually be able to give you an outcome in 10 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.



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 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 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 service@anzinvestments.co.nz



WHAT HAPPENS AFTER WE RECEIVE YOUR APPLICATION?

- 1 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.
- 2 We send your application to the supervisor for a final decision.
- 3 We'll let you know the outcome either way by text, email, letter or phone.
- 4 If your application is approved, your withdrawal will be paid into the bank account 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. Investments in each scheme aren't deposits in ANZ Bank New Zealand Limited, Australia and New Zealand Banking Group Limited, or their subsidiaries (together 'ANZ Group'), nor are they liabilities of ANZ Group. ANZ Group doesn't stand behind or guarantee ANZ Investments. Investments 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

LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL APPLICATION FORM



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 take this completed form into any **ANZ branch**, or post it to **ANZ Investments, Freepost 324, PO Box 7149, Wellesley Street, Auckland 1141**.

1. YOUR INFORMATION

First name(s)			
Surname			
ANZ customer (or investor) number			
Date of birth	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
Country of birth			
Contact number			Email
IRD number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescribed investor rate	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 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.

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:

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

Name of bank account holder

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. IDENTIFICATION

As part of your application, you must provide certified/verified copies of your ID and proof of address. All photocopied documents must be verified or certified by an authorised person, such as a Justice of the Peace, before sending them to us.

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

Please provide us with a certified/verified copy of one of the following:

- your current passport (page showing your name, date of birth, photograph and signature), or
- your current driver licence showing your name, signature and expiry date and a bank account statement issued to you by a registered bank (excluding ANZ), or
- your current firearms licence.

AND a certified/verified copy (which can't be more than six months old) of one of the following:

- a bank statement issued to you by a registered bank (excluding ANZ), or
- your utility bill, or
- an insurance policy document issued to you, or
- a Government agency document issued to you.



See anz.co.nz/myid for a full list of acceptable documents and ways documents can be certified or verified.

5. CHECKLIST

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

- your completed application
- your original statutory declaration signed by you, and witnessed by a person authorised to take statutory declarations
- certified/verified copies of your ID and proof of address
- your medical certificate signed by your medical practitioner.

6. YOUR AGREEMENT

I understand that:

- the withdrawal is usually processed and paid to my bank account within **10 business days** of us receiving the correct documentation. ANZ Investments will contact me to confirm the outcome of my application.
- ANZ Investments may contact me about my withdrawal by text, email, letter, or telephone.
- if I choose a partial or a regular withdrawal, and have multiple funds, the withdrawal will be deducted proportionately from each fund I invest in.
- it is not possible to time my withdrawal request for a specific unit price, the unit price received for my withdrawal request will be the unit price that is available on the business day that my withdrawal request is processed.
- ANZ Investments or the supervisor may contact the medical practitioner providing the declaration on page 3 to gain clarity of my condition if required. I consent to that medical practitioner providing my personal information to ANZ Investments or the supervisor for that purpose.

Signature

Date

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. YOUR INFORMATION

Full name

ANZ customer (or investor) number

Date of birth

2. ELIGIBILITY FOR GOVERNMENT CONTRIBUTIONS

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. Please complete the following question to assess your eligibility.

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 3)

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" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	to	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
I lived in	<input type="text"/>	from	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	to	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
I lived in	<input type="text"/>	from	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>	to	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>

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.

STATUTORY DECLARATION

LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL APPLICATION FORM

3. STATUTORY DECLARATION

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	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.

I understand that 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 2 (above) is 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 of the person **making** the declaration (the applicant)

Declared at	this	day of	20
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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	

INTERNAL USE - ANZ STAFF ONLY

I		(staff full name)	Branch Stamp
verify that this is the original document.			
Date	D D	M M	2 0 Y Y
Signature			
Job role			
Branch name			

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