

SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM

IMPORTANT INFORMATION


You may be able to make an early withdrawal from your KiwiSaver savings if you have an injury, illness or disability that means you are:


- totally and permanently unable to work at a job that your education, training or experience makes you suited to, or
- at serious risk of dying very soon (generally within 12 months and often called a terminal illness).

The supervisor New Zealand Guardian Trust will determine if you're eligible for a serious illness withdrawal. If successful, you will be able to withdraw all or part of your KiwiSaver savings.

If you want to make a withdrawal to pay medical costs for yourself or a dependant family member because of illness, injury, or palliative care, please refer to the significant financial hardship information at anz.co.nz/kiwisaverwithdrawals.

 Call us:
0800 736 034

 Email us:
service@anzinvestments.co.nz

 For more information visit
anz.co.nz/kiwisaverwithdrawals

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)	<input type="text"/>		
Surname	<input type="text"/>		
ANZ customer (or investor) number	<input type="text"/>		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>		
Contact number	<input type="text"/>	Email <input type="text"/>	
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 you withdraw your full balance, your KiwiSaver account will be closed, and you will no longer be a member of a KiwiSaver scheme.

a partial withdrawal of \$

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

3. BANK ACCOUNT DETAILS

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

If my application is approved, 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 <input type="text"/>				

If you have listed a non-ANZ bank account above, then please provide us with a bank statement dated within the last six months.

SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM

4. 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

SERIOUS ILLNESS 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.

6. 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 7) **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"/>

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 note that 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.

Call 0800 736 034 (+64 9 356 4000 if overseas) or email service@anzinvestments.co.nz if you have any questions.

7. STATUTORY DECLARATION

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

I	<input type="text"/>	(Full name of the person making the declaration)
of	<input type="text"/>	Residential address
	<input type="text"/>	Postcode
and	<input type="text"/>	Occupation

do solemnly and sincerely declare that:

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 same period. Any Government contributions claimed on my behalf during any such period will be returned to Inland Revenue. The information I have provided in section 6 above is correct to the best of my knowledge.
- if I withdraw my full balance, my KiwiSaver account will be closed, and I will no longer be a member of KiwiSaver.
- 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.
- ANZ Investments and/or the supervisor may contact the medical practitioner providing the medical certificate on page 3 to gain clarity of my condition if required. I consent to that medical practitioner providing my personal information to ANZ Investments and/or the supervisor for that purpose.
- my funds continue to be invested, and may rise or fall in value, until the withdrawal is approved and payment is completed.

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

SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM

8. CHECKLIST

Make sure you send us everything listed below, as we can't consider your request without the following:

- 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 or verified evidence of your identity (if applicable, see section 4 of this form).
- Certified or verified evidence of your residential address (if applicable, see section 4 of this form).
- Your medical declaration signed by your medical practitioner (see section 5 of this form).

9. 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 begin processing your application.
- 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 withdrawal.
- The payment should be available in your account within three business days of the approval.

10. 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.

INTERNAL USE - ANZ STAFF ONLY

I (staff full name)

hereby verify that this is the original document.

Date

Signature

Staff job role

Branch name

Branch Stamp

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