

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 18 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

The fastest way to provide us your form and supporting documents is to email them to earlywithdrawals@anzinvestments.co.nz.

Alternatively you can post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142 or drop them into an ANZ branch.

1. YOUR INFORMATION

First name(s)													
Surname													
ANZ customer (or investor) number													
Date of birth	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Country of birth			
D	D	M	M	Y	Y	Y	Y						
Contact number		Email											
IRD number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td></tr></table>					
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.

If you opt for a partial withdrawal and require additional funds in the future, you will need to make a new application with updated supporting documentation.

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	<table><tr><td></td><td></td><td></td><td></td></tr></table>					<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table><tr><td></td><td></td><td></td><td></td></tr></table>				
Name of bank account holder																										

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

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4. IDENTIFICATION

As part of your application, you must provide either verified or certified copies of your valid ID and proof of address.

- **Verified** – An ANZ branch or an ANZ Investments approved financial adviser can check your original ID and proof of address documents. They can submit your application at the same time.
- **Certified** – A Notary Public, Justice of the Peace, NZ lawyer, or any other person who has the legal authority can certify a copy of your ID and proof of address documents by checking them against the originals. You can then send in these certified copies with your application form.

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:**

- | | |
|---|---|
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> National ID card |
| <input type="checkbox"/> Overseas passport (signed) | <input type="checkbox"/> New Zealand firearms licence |

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

- | | |
|--|---|
| <input type="checkbox"/> Bank statement (including from ANZ) | <input type="checkbox"/> Central Government Agency document (issued to you) |
| <input type="checkbox"/> SuperGold Card | <input type="checkbox"/> New Zealand Defence or Police Photo ID |

☐ **Option 3: ONE form of primary non-photo ID**

- | | |
|---|---|
| <input type="checkbox"/> New Zealand full birth certificate | <input type="checkbox"/> Certificate of New Zealand citizenship |
| <input type="checkbox"/> Overseas birth certificate | <input type="checkbox"/> Overseas citizenship certificate |

AND

ONE form of secondary photo ID

- | | |
|---|---|
| <input type="checkbox"/> New Zealand driver licence | <input type="checkbox"/> New Zealand Defence or Police Photo ID |
| <input type="checkbox"/> 18+ card or Kiwi Access Card | |

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 address.

- | | | |
|---|--|---|
| <input type="checkbox"/> Utility bill | <input type="checkbox"/> Signed rental tenancy agreement, flatting or sub-letting agreement | <input type="checkbox"/> Short-term accommodation letter issued by the accommodation provider and include your name |
| <input type="checkbox"/> Bank statement or bank document (including from ANZ) | <input type="checkbox"/> Electoral roll papers | <input type="checkbox"/> Letter from employer on company letterhead confirming residential address |
| <input type="checkbox"/> Non-bank financial institution statement or document | <input type="checkbox"/> Electronic White/Yellow Pages | <input type="checkbox"/> Letter from a lawyer or accountant confirming your residential address |
| <input type="checkbox"/> Central Government Agency document e.g. IRD, ACC | <input type="checkbox"/> Insurance policy document | <input type="checkbox"/> Retirement home letter or invoice |
| <input type="checkbox"/> Local Council/Government letter | <input type="checkbox"/> Car registration notification/demand | <input type="checkbox"/> Letter or invoice from your general practitioner (GP) |
| | <input type="checkbox"/> Educational Institution letter from education facility, must be on letterhead paper | |

An example of correctly certified ID



I, James Black

hereby certify that this is a true and correct copy of the original document which I have sighted, and it represents a true likeness of the individual.

Dated the 15th day of January 2016

J. Black

Enrolled barrister and solicitor of the High Court of New Zealand

Ensure the 'true likeness' wording is included, that the image of you is clear, and the text can be clearly read.

SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM

To be completed by your medical practitioner.

5. MEDICAL CERTIFICATE

To:
ANZ Investments
Freepost 324, PO Box 7149
Victoria Street West, Auckland 1142
Attention: Funds Management Operations

You can email this form and all required supporting documents to **earlywithdrawals@anzinvestments.co.nz**.

Patient's full name	
Patient's date of birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Patient's address	
	Postcode
I of	Medical practitioner's full name
	Address of practice
	Postcode
	Contact number
	Email

Confirm that:

1. I am a registered medical practitioner (includes nurse practitioners).
 2. The above-named is my patient and I've recently conducted a full medical examination on them.
 3. In my opinion, the patient has an injury, illness or disability that: (please select one option)
 - ☐ results in the patient being totally and permanently unable to engage in work for which they are suited by reason of experience, education or training, or any combination of these things, or
 - ☐ poses a serious and imminent risk of death.
- OR**
- ☐ In my opinion, the member does not meet either of the criteria above.

Detailed summary of condition (including date of diagnosis, treatment in place and how this impacts the patient's ability to work.)

[illegible]

Registered medical practitioner's signature

Date

Medical Council registration number

[illegible]

Registered medical practitioner/practice stamp

This page must be stamped to be valid.

SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM

STATUTORY DECLARATION

Important – read this section before completing your statutory declaration.

- ANZ branch staff can't take statutory declarations. A solicitor, Justice of the Peace or Notary Public can take this statutory declaration for you. For more information about who can take statutory declarations, see anz.co.nz/myid.
 - All of the boxes must be completed.
 - Include your occupation. If you, the member, are either retired or unemployed, this too must be noted in the occupation box.
- Any errors will require a new declaration to be completed – potentially delaying your application.

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 from to

I lived in from to

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 have lived overseas, we'll need to contact Inland Revenue regarding your Government contributions. This may take up to 10 business days.

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

I (Full name of the person making the declaration)

of Residential address

Postcode

and 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)

on this date

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

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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 authorised to take statutory declarations within the last three months.
- ☐ 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 and stamped by your medical practitioner (see section 5 of this form).

If your email submission exceeds 20MB, please separate your submission into multiple emails.

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.

10. HOW LONG WILL IT TAKE

Once we've received your application, we aim to pay your withdrawal within 15 business days. It may take longer if there are public holidays, or we need to ask for additional information from you or Inland Revenue.

11. 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