

SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM



Post this form 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

D

D

M

M

Y

Y

Y

Y

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 DETAILS

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

If my application is approved:

☐ Please pay my withdrawal amount to me by cheque

☐ Please pay my withdrawal amount into my **New Zealand** bank account detailed below:

Bank

Branch

Account number

Suffix

Payment account

Name of bank account holder

3. ELIGIBILITY FOR MEMBER TAX CREDITS

To be eligible to withdraw member tax credits 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 4)

☐ Yes. List below the periods when you lived overseas and did not have a permanent residence in New Zealand:

I lived in

from

D

D

M

M

2

Y

Y

Y

to

D

D

M

M

2

Y

Y

Y

I lived in

from

D

D

M

M

2

Y

Y

Y

to

D

D

M

M

2

Y

Y

Y

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 member tax credits. If this applies please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.

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4. IDENTIFICATION

As part of your application, you must provide certified 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 either:

- ☐ a certified/verified copy of your current passport (page showing your name, date of birth, photograph and signature), or
- ☐ a certified/verified copy of your current driver licence showing your name, signature and expiry date and a bank account statement issued **to you** by a New Zealand registered bank, or
- ☐ a certified/verified copy of your current firearms licence.

AND one of the following:

- ☐ a certified/verified copy of your bank statement (which can't be more than three months old), or
- ☐ a certified/verified copy of your power bill (which can't be more than three months old), or
- ☐ a certified/verified copy of your home phone bill (which can't be more than three months old), or
- ☐ a certified/verified copy of your Inland Revenue statement (which can't be more than three months old).

Who can certify your documents?

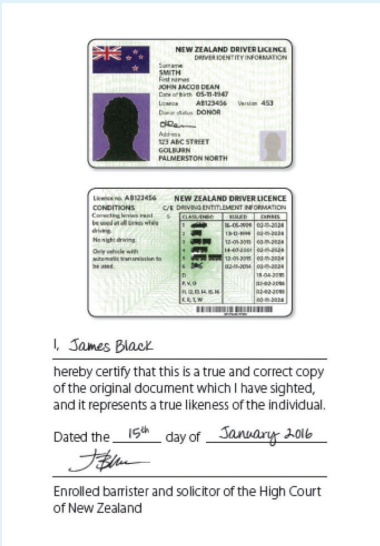
The following people can certify photocopies of original documents as true and correct copies:

- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

Please note that the certifier must be at least 16 years of age and cannot be:

- a person involved in the transaction requiring the certification
- related to you
- your spouse or partner
- a person who lives at the same address as you.

Here is an example of what your ID should look like when it's been certified correctly.



Remember to include your certified/verified ID and proof of address with your application. Any information missing from your application will cause delays.

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5. STATUTORY DECLARATION

I	Full name of the person making the declaration		
of	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 member tax credits received during that same period. Any member tax credits claimed on my behalf during any such period will be returned to the Commissioner of Inland Revenue. The information I have provided in section 3 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

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			

Note: 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. YOUR AGREEMENT

- I understand that if I withdraw my full balance, my KiwiSaver account will be closed, and I will no longer be a member of KiwiSaver.
- 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.
- I understand that ANZ Investments and/or the supervisor may contact the doctor providing the declaration on page 3 to gain clarity of my condition if required. I consent to that doctor providing my personal information to ANZ Investments and/or the supervisor for that purpose.

Signature

Date

D	D	M	M	2	0	Y	Y
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7. CHECKLIST

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

- ☐ Your completed application with section 6 signed by you
- ☐ Your original statutory declaration signed by you, and witnessed by a person authorised to take statutory declarations (see section 5 of this form)
- ☐ 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 doctor's declaration signed by your doctor (see section 8 of this form)

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8. DOCTOR'S DECLARATION

To:
ANZ Investments
Freepost 324
PO Box 7149
Wellesley Street
Auckland 1141
Attention: Customer Services

Patient's full name

Patient's date of birth

Patient's address

I Doctor's full name
of Postal address

Confirm that:

- 1. I am a registered medical practitioner
 - 2. The above-named is my patient and I've recently conducted a full medical examination on him/her
 - 3. In my opinion, the patient has an injury, illness or disability that: (please select one option)
 - ☐ results in him or her being totally and permanently unable to engage in work for which he or she is 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 and treatment in place)

Registered medical practitioner's signature

Registered medical practitioner/practice stamp

Date

Medical Council Registration number