

# Life-shortening congenital condition withdrawal application



BNZ Investment Services Limited (BNZISL), a wholly owned subsidiary of Harbour Asset Management Limited, is the Issuer and Manager of the BNZ KiwiSaver Scheme.

## Important information

Under the KiwiSaver Act 2006 (Act), you may be able to make a withdrawal from your BNZ KiwiSaver Scheme investment if you have a life-shortening congenital condition. You may qualify if you have a condition that exists from the date of your birth that is:

- identified as a life-shortening congenital condition by the KiwiSaver Regulations 2006 (Listed Condition); or
- not a Listed Condition, but you can provide evidence it is a condition that is expected to reduce your life expectancy (or the life expectancy of people in general with the same condition) below the age of qualification for NZ Superannuation (currently age 65) (Non-Listed Condition).

If you make a withdrawal from KiwiSaver under the life-shortening congenital condition withdrawal category you will:

- be treated as if you have reached the New Zealand superannuation qualification age, and
- no longer be entitled to government contributions or compulsory employer contributions.

A life-shortening congenital condition withdrawal will not prevent you from continuing in paid employment.

**Important:** If you withdraw from KiwiSaver due to a life-shortening congenital condition, you may no longer be eligible for social assistance or any other form of government assistance. Please contact your assistance provider to determine your individual circumstances before you apply.

You are required to **complete the statutory declaration** contained in this Form (this must be done before a Justice of the Peace, Solicitor, Notary Public or another person authorised to take a statutory declaration). Please also **ensure your medical practitioner completes the medical practitioner's declaration** contained in this form.

If your principal place of residence has been outside New Zealand during your KiwiSaver membership, you are not entitled to government contributions during that period. Your principal place of residence is where you mainly reside. If you declare that your principal place of residence was not New Zealand during your KiwiSaver membership, any government contributions you were paid during that period will be deducted from your final balance and returned to Inland Revenue.

## Checklist

Before returning this form, please make sure that you are fully aware of:

- the information provided;
- what you need to do; and
- the requirements you must meet

in order to qualify for this withdrawal.

Please provide the following:

- This form with all sections completed, including the statutory declaration;
- all relevant supporting information or documentation; and
- completed medical practitioner's declaration.

## ID checklist

When returning your application you **must** include the following:

### A current certified<sup>1</sup> copy of one of these three options:

- Your passport page showing your name, date of birth, photo, and signature.
- Your New Zealand firearms licence.
- Your New Zealand driver licence showing your name, signature and expiry date **along with one of the following:**
  - An item issued by a NZ Government agency that contains your name and signature, for example a SuperGold Card or Community Services Card.
  - A bank statement issued by a registered NZ bank (excluding BNZ) dated within the last 12 months.

### Plus a certified<sup>1</sup> copy of one of these four options showing your name and residential address (which can't be more than 90 days old):

- A utility bill from your power, gas, water, landline phone, SKY or internet service provider company.
- A document issued by a NZ Government agency (IRD, ACC, Ministry of Justice, NZQA, or WINZ).
- A NZ council rates notice/valuation.
- A residential rental agreement.

1. Your document can be certified by a Justice of the Peace, Solicitor, Notary Public, Member of Parliament, or other person with the legal authority to take statutory declarations or the equivalent in New Zealand. Please note that the certifier must be at least 16 years of age and cannot be related to you or a person living at the same address as you, your spouse or partner, anyone involved in the transaction or business requiring this certification. For more information please visit [bnz.co.nz/identification](http://bnz.co.nz/identification)

## 1. Your details

### BNZ KiwiSaver Scheme account number

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

Mr
  Mrs
  Ms
  Miss
  Other (please specify)

### Name

First   
 Last

### Date of birth

### IRD number

### Prescribed investor rate (PIR)

- 10.5%
  17.5%
  28%

Please refer to [bnz.co.nz/pir](http://bnz.co.nz/pir) for more information on your PIR.

### Postal address

Street address   
 Suburb   
 Town/City  Postcode   
 Country

### Phone

Home   
 Mobile   
 Work

### Email address

Work email\*   
 Home email\*

\*For correspondence.



For this specific product, your personal information will be used and shared for the purposes of:

- operating, administering, and managing the BNZ KiwiSaver Scheme
- complying with legal obligations.

Third parties your information may be shared with include:

- the Supervisor of the BNZ KiwiSaver Scheme
- BNZ and members of the National Australia Bank group of companies
- FirstCape group companies
- Inland Revenue
- Financial Markets Authority.

Third parties your information may be obtained from include:

- BNZ
- Inland Revenue.

### A special notice about your health information

Your health information will be collected, used and disclosed where this is necessary to provide the products and services you request. At times, this may require BNZ to ask health service providers (including your doctor, hospital, clinic or ACC) for information about you. Only relevant health information will be collected and disclosed and your consent to do this is requested in the statutory declaration section.

You should be aware that your health information (along with the other personal information collected) can be used for the purposes of assessing this application and managing your BNZ KiwiSaver Scheme investment. Your information may be shared with any necessary third party, such as the Supervisor, for the same purposes.

## 6. Statutory declaration

**Please don't sign this section in advance.** It must be signed in front of a Justice of the Peace, a Solicitor, Notary Public or other person authorised to take an Oath or Declaration in accordance with section 9 (for declarations made in New Zealand) or with section 11 (for declarations made outside New Zealand) of the Oaths and Declarations Act 1957.

I,  ,  
of   
 ,

solemnly and sincerely declare that:

- I have a life-shortening congenital condition, and I am applying to the Supervisor for a withdrawal from my BNZ KiwiSaver Scheme investment as detailed above to be paid to the bank account specified in this form.
- I understand that my funds are being released to me as if I have reached the New Zealand superannuation qualification age.
- I will no longer be eligible to receive government contributions, or compulsory employer contributions in relation to any future employment (if any).
- I have read the Personal Information Notice.
- I authorise BNZ to collect any relevant personal information from, and to disclose any relevant personal information to health service providers or other parties for the purposes of assessing this application and managing my BNZ KiwiSaver Scheme investment, as set out in the Personal Information Notice.
- I understand that the Manager and/or Supervisor of the BNZ KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- The information supplied in (or in connection with) this application is true and complete and accordingly, I agree to indemnify BNZ, the Supervisor and the Manager against any claims, liability, losses, and costs (including legal costs on a solicitor/client basis) whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
- I understand that the withdrawal value will be based upon the unit price(s) applying on the business day after my request is approved or accepted and that fees, taxes, and expenses may be deducted.
- I understand that acceptance of this application is at the discretion of the Supervisor and that fees may apply.
- I understand that the Manager and/or the Supervisor may request additional information from me relating to this application.

### Please tick the statement that applies:

- During my KiwiSaver membership, my principal place of residence was New Zealand.
- During my KiwiSaver membership, there were periods when my principal place of residence was not New Zealand.

To the best of my knowledge, the specific periods during my KiwiSaver membership when my principal place of residence was outside New Zealand are:

  

- I have accurately reflected the dates during which I have had my principal place of residence in New Zealand.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature

### Declared at

on Date

**Before me:** (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957)

Signature

## Signature where power of attorney exists

Please complete and sign the following declaration if the application is being made by an individual who holds power of attorney. Please attach a certified copy of the power of attorney, and complete the following:

### Certificate of non-revocation of power of attorney

I,  ,  
of   
certify

1. That by a deed dated

of

appointed me his/her attorney.

2. That I have not received notice of any event revoking the power of attorney.

Signed at  this  day of

### Signature of attorney

Signature

### To submit your application, please do one of the following:

- Email this form and all supporting documents to [kiwisaver\\_support\\_team@bnz.co.nz](mailto:kiwisaver_support_team@bnz.co.nz)
- Drop this form and all supporting documents into any BNZ branch
- Post this form and all supporting documents to:  
Freepost BNZ KiwiSaver Scheme  
Private Bag 92208,  
Auckland 1142
- Courier this form and all supporting documents to:  
BNZ KiwiSaver Scheme  
Level 16, BNZ Place  
80 Queen Street  
Auckland 1010

