# **BNZ KiwiSaver Scheme Serious Illness withdrawal application**



### Important information

Under the KiwiSaver Act 2006 (the Act), you may be able to make a withdrawal from your KiwiSaver if you are suffering a Serious Illness as defined in the Act. The withdrawal of investments from BNZ KiwiSaver Scheme (BNZ KiwiSaver) in the case of a Serious Illness is subject to the Supervisor's approval.

Serious Illness as defined in the Act means an injury, illness, or disability that:

- a. results in the member 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 those things; or
- b. poses a serious and imminent risk of death.

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 registered medical practitioner completes the Health practitioner's declaration contained in this form.

### Checklist

Before returning this form, please make sure that you are fully aware of the requirements you must meet in order to qualify for this withdrawal and you can provide us with the following:

- This form with all sections completed, including the statutory declaration;
- All relevant supporting information or documentation; and
- Completed doctor'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 (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

### 1. Your details

Bank Branch Account num	
Mr Mrs Ms	Miss Other (please specify)
Name	· · · ·
First	
Last	
Date of birth	
D D M M Y Y	
IRD number	
Prescribed investor rate (PIR)	
10.5% 17.5% 28	%
Please refer to bnz.co.nz/pir for mor	e information on your PIR.
	e information on your PIR.
	e information on your PIR.
Postal address	e information on your PIR.
Postal address Street address	e information on your PIR.
Postal address Street address Suburb	
Postal address       Street address       Suburb       Town/City       Country	
Postal address       Street address       Suburb       Town/City       Country	
Postal address Street address Suburb Town/City Country Phone	
Postal address Street address Suburb Town/City Country Phone Home	
Postal address Street address Suburb Town/City Country Phone Home Mobile Work	
Suburb Town/City Country Phone Home Mobile Work Email address	
Postal address       Street address       Suburb       Town/City       Country       Phone       Home       Mobile       Work	

### 2. Withdrawal request

How much of your BNZ KiwiSaver investment do you need? You may withdraw some or all of the funds you hold in BNZ KiwiSaver.

Amount of withdrawal (please tick one)

(		Αl	l avai	labl	e in	vest	tment	ts;	0
	$\smile$								

A partial withdrawal of:

### For a partial withdrawal

Please deduct the amount proportionately across each fund that I'm invested in; or

\$

Please make my withdrawal request, as outlined below:

Fund	Amount
Cash Fund	\$
First Home Buyer Fund	\$
Conservative Fund	\$
Moderate Fund	\$
Default Fund	\$
Balanced Fund	\$
Growth Fund	\$
High Growth Fund	\$
Total	\$

If you do not specify the fund and a \$ amount, any partial withdrawal will be deducted proportionately across each fund you're invested in.

If you make a full withdrawal from your BNZ KiwiSaver investment you will no longer be a member of BNZ KiwiSaver and your investment will be closed. A full withdrawal may take up to fifteen business days to process as all employee and employer contributions or final government contribution payments may not have been received from Inland Revenue.

If you are opting for a partial withdrawal, you will remain a member of BNZ KiwiSaver and you can still contribute to your investment.

Your withdrawal amount may be adjusted for any tax which arises as a result of your withdrawal. Acceptance of your withdrawal request is at the discretion of the Supervisor.

### 3. Payment details

Any withdrawal payments will only be paid in New Zealand dollars to a New Zealand bank account.

### Bank account name

Member/ Account name	
Account details	
Bank Branch Account number	Suffix
Particulars to appear on your statement:	
Code:	
Reference:	

Please provide a pre-printed deposit slip if it's not a BNZ bank account.

### 4. Medical declaration

Please give full details of the injury, illness or disability that you are suffering from; why this has resulted in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training, and/or why this poses a serious and imminent risk of death.

Please also attach a copy of relevant supporting information or documentation. The Supervisor may require additional information or documentation to be verified by oath, statutory declaration or otherwise.

# **5. Personal Information Notice**

To offer and/or provide you with products or services we need to collect, use and disclose your personal information in accordance with BNZISL's Privacy Policy and BNZ's Master Privacy Policy. The privacy policies set out the purpose of this collection, details of how the information may be used or disclosed, your rights to that information (such as access and correction), BNZISL and BNZ's legal obligations, and the consequences of not providing the information. These privacy policies are available on the BNZ website or you can ask BNZ for a copy.

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

- operating, administering, and managing BNZ KiwiSaver
- complying with legal obligations.
- Third parties your information may be shared with include:
- the Supervisor of BNZ KiwiSaver
- BNZ and members of the National Australia Bank group of companies
- FirstCape group companies
- Inland Revenue
- Financial Markets Authority.

### 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 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.

١,	Name
of	Residential address
	Occupation

solemnly and sincerely declare that:

- I am suffering a Serious Illness as defined in the Act, and I am applying to the Supervisor for a withdrawal from my BNZ KiwiSaver investment as detailed above to be paid to the bank account specified in this form.
- 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 investment, as set out in the Personal Information Notice.
- I understand that the Manager and/or Supervisor of BNZ KiwiSaver 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:

- Ouring 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

Location

on Date D D M M Y Y

**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)

Name	
Occupat	ion

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
- 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 4, Deloitte Centre 80 Queen Street Auckland 1010

# To be completed by a registered medical practitioner Health practitioner's confidential declaration of Serious Illness

Pati	ent details	the below s	space):		
N	Ir Mrs Ms Miss Other Other	Please attac	ch any relevant supporting info	ormation or documentation v	which
Name		confirms th	hat the patient has a <b>Serious Il</b>	lness that:	
First			n the member being totally and In he or she is suited by reason o		
Last			bination of those things; or	in experience, education, or th	runnig or
Date	of birth	b. poses a s	serious and imminent risk of de	eath.	
D					
osta	laddress				
Stree	t address				
Subu	b				
Town	/City Postcode				
Coun	try				
Hea	lth practitioner's details				
l, Dr.	Name ,				
	Practice .				
OT	Address				
_					
	act details				
Emai					
Phor	e				
Certi	fy that:				
	m a registered medical practitioner with either the Medical or the				
N CE	ursing Council of New Zealand and the assessment covered by this rtification is within my scope of practice.				
<b>2.</b> Tł	ne above-named person is a patient of mine and I have recently given em a full medical examination.				
	my opinion, the patient has an:				
	) Injury;				
	Illness; or				
	Disability				
th	at:				
$\langle$	results in them being totally and permanently unable to engage in work they are suited for because of experience, education or training, or any combination of these; or	Signature	1		
$\left( \right)$	poses a serious and imminent risk of death.	On Date	M, M Y, Y		

GP/Practice stamp

Medical or Nursing Council Registration number:



## bnz.co.nz • 0800 269 5494 or +64 4 931 8209 from overseas