

## 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:

- 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
- 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](https://bnz.co.nz/identification)

## 1. Your details

### BNZ KiwiSaver account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account number	Suffix
<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	<input type="radio"/> Miss
			Other (please specify) <input type="text"/>

### Name

First <input type="text"/>
Last <input type="text"/>

### Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

### IRD number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

### Prescribed investor rate (PIR)

- ☐ 10.5% ☐ 17.5% ☐ 28%

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

### Postal address

Street address <input type="text"/>	
Suburb <input type="text"/>	
Town/City <input type="text"/>	Postcode <input type="text"/>
Country <input type="text"/>	

### Phone

Home <input type="text"/>
Mobile <input type="text"/>
Work <input type="text"/>

### Email address

Work email* <input type="text"/>
Home email* <input type="text"/>

\*For correspondence.

**How much of your BNZ KiwiSaver investment do you need?**

**Amount of withdrawal** (please tick one)

- For a partial withdrawal**

- Please note, the Manager will adjust your withdrawal amount for any tax adjustment which arises as a result of your withdrawal. Acceptance of your withdrawal request is at the discretion of the Supervisor.

**Bank account name**

## Account details

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

[illegible]

## 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 BNZ's Master Privacy Policy. Our Master Privacy Policy sets 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), our legal obligations and the consequences of not providing the information.

The Master Privacy Policy covers all our products and services, and all our interactions with you. We also have a summary of the Master Privacy Policy that sets out key points for children and young people. It is available on our website or you can ask us to send you a copy. For this specific product, you should note that we'll collect, use and share your personal information for the purposes of:

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

Third parties we may share your information with include:

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

### A special notice about your health information

We will collect, use, and disclose your health information where this is necessary for us to provide the products and services you request. At times, this may require us to ask health service providers (including your doctor, hospital, clinic or ACC) for information about you. We will only collect and disclose relevant health information and we ask for your consent to do this in the declarations section.

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

## 6. Declaration

**Please don't complete this section in advance.** It must be completed and 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,  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:**

- ☐ 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**

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

Occupation

Signature

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

- Drop this form and all supporting documents into any BNZ branch
- Email this form and all supporting documents to [kiwisaver\\_support\\_team@bnz.co.nz](mailto:kiwisaver_support_team@bnz.co.nz)
- 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

