Application for withdrawal from the Summer KiwiSaver scheme on the grounds of a life-shortening congenital condition

Summer
My Plan

Use this form to apply for a withdrawal if you have **a life-shortening congenital condition.** Complete this form and return with all supporting evidence to **Salt Investment Funds Limited via email: info@summer.co.nz. Or by mail to PO Box 2673, Auckland 1140.**

Life-shortening congenital condition means a condition that exists for a person from the date of their birth and for which you have medical evidence to verify that the congenital condition is expected to reduce life expectancy below age 65 for you specifically or for persons in general with the condition.

Section A - General

Full name:

Date of Birth: | | | | | | | | |
Day Month Year

Residential address:

Street No./Name:

Suburb/RD No.:

Town/City: Postcode:

Country: ☐ New Zealand ☐ Other (please state):

Primary contact number: Phone home:

Phone mobile: Phone work:

Email:

Best time for us to contact you:

Please turn over

Withdrawal Details

Please tick the applicable option:

☐ I wish to make a **full** withdrawal (please proceed to *Account to be credited)*

☐ I wish to make a **partial** withdrawal — Partial withdrawal amount: $

☐ I wish to make a **regular** withdrawal — Regular withdrawal amount: $

Withdrawal frequency: Weekly Fortnightly Monthly Quarterly

Date of first withdrawal: ☐☐☐☐☐☐☐☐

Date of first withdrawal: Please note your withdrawal will be processed on the first business day following the date you specify above.

If you are invested in more than one fund, please indicate how you wish your withdrawal to be processed across the different funds that you hold.

Fund	Percentage or	Withdrawal amount $
Summer New Zealand Cash	%	$
Summer New Zealand Fixed Interest	%	$
Summer Global Fixed Interest	%	$
Summer New Zealand Equities	%	$
Summer Australian Equities	%	$
Summer Listed Property	%	$
Summer Global Equities	%	$
Summer Conservative Selection	%	$
Summer Balanced Selection	%	$
Summer Growth Selection	%	$
Total (must add up to 100%)	**%**	**$**

Account to be credited

Bank account

Please indicate the bank account you wish to have your monies credited to. Please provide supporting bank account evidence.

Bank: Branch:

Account name:

Bank Account: ☐☐ ☐☐☐ ☐☐☐☐ ☐☐☐☐☐ ☐☐☐

Bank Branch Account Number Suffix

Bank account: Payments are only payable to a New Zealand bank account.

We can only accept bank accounts in your name or a joint account that includes your name. No trust, estate or other entities will be accepted.

This form must be accompanied by bank account documentation, matching the bank account details provided in the form. For example: a bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; a verification letter or other document of confirmation provided by your bank.

Before proceeding, please refer to the attached extract at the back of this application form titled KiwiSaver Act 2006, Schedule 1.

Please turn over

Verification of identity: We share this information securely and confidentially with our identification providers to verify your identity (as required by law). Please see our privacy policy for more detail. You can view this online at www.summer.co.nz/privacy-policy or call us on 0800 11 55 66 to request a copy. **If you do not have New Zealand Identity documents, please provide a certified copy of your overseas passport or call us on 09 243 1020.**

Verification of identity

NZ Driver licence number: | | | | | | | | | Driver licence version: | | |

Vehicle registration number:

NZ Passport number:

Passport issue date: | | | | | | | | (Day Month Year)

Passport expiry date: | | | | | | | | (Day Month Year)

Section B - Life-shortening Congenital Condition and Medical certificate

Congenital Condition: Please ensure you have attached a medical certificate to this form issued by a medical practitioner that verifies that you suffer from one of the life-shortening congenital conditions noted.

I wish to apply for a withdrawal on the basis of my Congenital Condition noted below.

- ☐ Down syndrome (Down's syndrome)
- ☐ Cerebral palsy
- ☐ Huntington's disease (Huntington's chorea)
- ☐ Fetal alcohol spectrum disorder
- ☐ Other (I have attached a medical certificate to this form issued by a medical practitioner that verifies that I suffer from a life-shortening congenital condition).

Section C – Statutory declaration

Declarations: Please ensure you print your name in full along with recording your current address and occupation.

FORM OF DECLARATION

I:

(full name of person making declaration)

Of:

(address of person making declaration)

Occupation:

(occupation of person making declaration)

being a member of the Summer KiwiSaver Scheme (the "Scheme") solemnly and sincerely declare that:

- The information I have provided in this form is correct at the date of signing, and is in no way misleading to the Supervisor of the Scheme.
- I understand that my KiwiSaver funds will be released to me as if I have reached age 65.
- I understand that after I withdraw my KiwiSaver funds I am no longer eligible to receive Government contributions or compulsory employer contributions in respect of any future contributions I make to my KiwiSaver.
- I solemnly and sincerely declare that my principal place of residence during the period that I was a KiwiSaver scheme member was in New Zealand.
- I understand my KiwiSaver provider and/or the Manager may speak with my Registered Medical Practitioner if required to gain clarity of my condition. I consent to that Registered Medical Professional providing information for that purpose.
- I understand that any information I give to Salt Investment Funds Limited or its affiliates may be passed on to an entity that is involved in the administration or management of the Summer KiwiSaver scheme (including the Inland Revenue) and I authorise Salt Investment Funds Limited or its affiliates to give such information in relation to this withdrawal. For details on the entities involved in the management or administration of the Summer KiwiSaver scheme see the Summer Other Material Information document on the register of offers of financial products at *https://disclose-register.companiesoffice.govt.nz/*
- I authorise Salt Investment Funds Limited to update my Summer KiwiSaver scheme account details in accordance with the information provided on this form, where they differ from that which are currently held, and in accordance with the terms and conditions of my account.

Please turn over

If you did not reside principally in New Zealand for any period, please specify the period(s):

Date of departure: Day Month Year Date of return: Day Month Year

Date of departure: Day Month Year Date of return: Day Month Year

Date of departure: Day Month Year Date of return: Day Month Year

Date: Day Month Year

Declared at: this day of 20
place date month year

Witness: A statutory declaration must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957. This includes a barrister and solicitor of the High Court, a Justice of the Peace, a notary public, the Registrar or Deputy Registrar of the High Court or of any District Court and a Member of Parliament. Please contact us if you require further information.

Witness

Witness to complete (being a person authorised under the Oaths and Declarations Act 1957):

Name:

Occupation:

Address:

Date: Day Month Year

KiwiSaver Act 2006 – Schedule 1

12B Withdrawal in cases of life-shortening congenital conditions

12B(1) A member may apply under this clause for a withdrawal, in addition to a withdrawal on the grounds of serious illness under clause 11(1)(g) or 12, when the member suffers from a condition that exists from the date of their birth—

a. that is identified as a life-shortening congenital condition by a regulation made under section 228(1)(mb) (a listed condition); or

b. for which the member has medical evidence to verify that the congenital condition is expected to reduce life expectancy below the New Zealand superannuation qualification age for the member or for persons in general with the condition (a non-listed condition).

For Office Use Only:

Account number:

☐ Member records updated where applicable for new contact details

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