

First or second chance home withdrawal form



Complete this form and return it (along with additional supporting documentation) to Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.

	My details						
	Full name:						
	Date of Birth: Day Month Year						
	Primary contact number:						
	Email:						
	Residential address:						
	Street no./Name/PO Box:						
	Suburb/RD no.:						
	Town/City: Postcode:						
	Country: New Zealand Other (please state):						
What can be withdrawn? *If a first home purchase withdrawal is permitted then you can withdraw everything from your account other than: • \$1,000 • any amount transferred to KiwiSaver from a UK pension scheme, or an Australian complying	Withdrawal details Type of withdrawal (please tick one) First Home withdrawal or Second-Chance Home withdrawal Amount of withdrawal Subject to the requirements of the KiwiSaver Act 2006 and the Trust Deed for the Scheme, I request:						
superannuation scheme	A partial withdrawal of \$ from my Scheme account; or						
Second-Chance Home Withdrawal: This applies if you have held an estate in land before but no longer have a share in property. If you are applying for a second-chance home withdrawal you will need to attach confirmation from Housing New Zealand that you qualify.	A withdrawal of all available* funds from my Scheme account. How withdrawal amount permitted will be applied (please tick one) The funds withdrawn will be applied (in the first instance towards paying a deposit on the property); or The funds withdrawn will be applied solely towards paying the purchase price of the property at settlement. Solicitor Details						
Solicitor name:							
	Solicitor's company name:						
	Mailing address:						
	Street no./Name/PO Box:						
	Suburb/RD no.:						
Town/City: Postcode:							
	Country: New Zealand						
	Email:						

Please turn over

Verification of identity: We share this information securely and confidentially only with our identification providers to verify your identity (as required by law). Please see our terms and conditions for more detail. You can view these online at www.summer.co.nz/account-terms or call us on 0800 11 55 66 to

request a copy.

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

Verification of identity

To get your Summer KiwiSaver scheme withdrawal underway we need to verify your identity. To help us do this, in the following section, please provide as much information as possible. It is necessary to complete at least one of the two options.

if the two options.
Driver licence number: Driver licence version:
Vehicle registration number:
Passport number:
Passport country of origin:
Passport ssue date: Day Month Year Passport expiry date: Day Month Year Day Month Year
Agreement and statutory declaration
l:
full name of person making declaration)
Of:
address of person making declaration)
Occupation:

solemnly and sincerely declare that:

(occupation of person making declaration)

1. for the period for which I was a member of a KiwiSaver scheme and/or a 'complying superannuation fund', my principal place of residence was in New Zealand, except for the periods outlined below (if any):

From:				To:			
110111.				10.			
	Day	Month	Year		Day	Month	Year
From:				То:			
	Day	Month	Year		Day	Month	Year
From:				To:			
	Day	Month	Year		Day	Month	Year
From:				To:			
	Day	Month	Year		Day	Month	Year

- 2. I have never made a withdrawal from a KiwiSaver scheme (whether this Scheme or any scheme to which I previously belonged) for a first or second chance home withdrawal before.
- 3. I understand that should I transfer to another KiwiSaver scheme, the Summer KiwiSaver scheme will pass information about this first home withdrawal to my new provider.
- 4. I understand that the amount withdrawn will be deducted proportionally from each Fund that I have invested in and, if this is a partial withdrawal of funds, my member contributions will be withdrawn first, then any Government contributions in order to meet the amount specified in the Withdrawal details section.
- 5. I understand that in the event that a claw back of Government contributions is required, and having received these as part of my First Home Withdrawal, my member accumulation remaining in the Scheme will be adjusted to the extent necessary to cover any overpayment of Government contributions.
- 6. I have been a member of a KiwiSaver scheme for three years or more;
- 7. The property I am purchasing is located in New Zealand and it is intended to be my principal place of residence.
- 8. I understand that any information I give to Forsyth Barr Investment Management 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 Forsyth Barr Investment Management Limited or its affiliates to give such information in relation to this withdrawal.
- 9. I authorise Forsyth Barr Investment Management 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, including updating my Forsyth Barr investment account where applicable.
 Please turn over

10. I have:

- i. not held an estate in land before; or
- ii. held an estate in land before, but it was a leasehold estate, or I held it as (a) a bare trustee; or (b) as a trustee who (i) is a discretionary, contingent, or vested beneficiary under the relevant trust; but (ii) had no reasonable expectation of being entitled to occupy the land as my or my family's principal place of residence until the death of the person who then currently occupied the land (the occupier) or the death of the occupier's survivor; or
- iii. held an estate in land before, and I attach a notice in my name, signed by the Minister of Housing or delegate, which states that the Minister of Housing or delegate is satisfied that my income, assets, and liabilities represent a financial position that would be expected of a person that has never held an estate in land.
 I understand that should the information given within this withdrawal form be incomplete or incorrect, the
 - I understand that should the information given within this withdrawal form be incomplete or incorrect, the Manager will not be able to complete its assessment of my application without receiving the complete and correct information.
- 11. I understand that my application for a first or second-chance home withdrawal is subject to the approval of the Manager, and the Manager receiving:
 - i. a pre-printed bank deposit slip for my solicitor's trust account; and
 - ii. a certificate from my solicitor containing an undertaking (in a form acceptable to the Manager) relating to the unconditional nature of the sale and purchase agreement and the application of funds withdrawn and enclosing a copy of the sale and purchase agreement which clearly shows me as the purchaser.
- 12. I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed.
- 13. I agree that any solicitor who has or will provide information about my first or second-chance home withdrawal may be approached by the Manager, and I hereby authorise such solicitor to give such further information in relation to this purchase as requested by the Manager. A photocopy of this authorisation shall be read as the original.
- 14. I solemnly and sincerely declare that the information provided by me is true and correct.

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

Signature:				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:					
Signature of Witness:	Date:	Day	Month	Year	

Checklist

Please check that you have included the below with your application prior to returning the form (and supporting documentation) to Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin.

Current New Zealand identification, entered in the verification of identity section (if you don't have any New Zealand issued identification, please provide a certified copy of a foreign passport) Signed and witnessed statutory declaration (see the Witness section for more information on persons authorised to witness statutory declarations) Copy of Sale and Purchase Agreement	An original solicitors certificate for deposit or settlement, on the solicitor's letterhead A bank encoded deposit slip for the solicitors trust account A confirmation letter of eligibility from Housing New Zealand (if you have previously owned a house and are applying under second chance provisions)
For Office Use Only:	
Account number:	Member records updated where