

Application for withdrawal from the Summer KiwiSaver scheme on the grounds of serious illness

Summer
KiwiSaver Scheme
My Plan

Use this form to apply for a withdrawal if you are suffering **serious illness**. Complete this form and return with all supporting evidence to **Forsyth Barr Investment Management Limited, Private Bag 1999, Dunedin**.

Serious illness means an injury, illness or disability that results in you being **totally and permanently** unable to do work you are suited to (because of experience, education, training or a combination of these) or illness that poses a serious and imminent risk of death. For a serious illness withdrawal ask your medical practitioner to complete **Section B Medical or Nurse practitioner's declaration**.

Section A - General

Full name:																	
Date of Birth:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="4">Year</td></tr></table>									Day		Month		Year			
Day		Month		Year													
Residential address:																	
Street No./Name:																	
Suburb/RD No.:																	
Town/City:	Postcode:																
Country:	<input type="checkbox"/> New Zealand <input type="checkbox"/> Other (please state):																
Primary contact number:	Phone home:																
Phone mobile:	Phone work:																
Email:																	
Best time for us to contact you:																	
How much money do you need?																	
Amount: \$; or <input type="radio"/> All available funds																

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:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Bank</td><td colspan="2">Branch</td><td colspan="8">Account Number</td><td colspan="4">Suffix</td></tr></table>																			Bank		Branch		Account Number								Suffix			
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Before proceeding, please refer to the attached extract at the back of this application form titled KiwiSaver Act 2006, Schedule 1.

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 the bank.

Please turn over

I form this opinion based on (give a brief description of the patient's condition):

.....

.....

.....

.....

.....

.....

Signature:

Date:

Day		Month		Year			

Registered medical practitioner/practice stamp:

Section C - New Zealand Legislation: Acts

Acts are laws made by Parliament.

Crimes Act 1961- Section 111 - False statements or declarations

Everyone is liable to imprisonment for a term not exceeding 3 years, who on any occasion on which he is required or permitted by law to make any statement or declaration before any officer or person authorised by law to take or receive it, or before any notary public to be certified by him as such notary, makes a statement or declaration that would amount to perjury if made on oath in a judicial proceeding.

Any person found to have made a false statement or declaration may be notified to the appropriate authorities.

Section D – Statutory declaration

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 declare that I am seriously ill as per the definition of Serious Illness in the KiwiSaver Act 2006.
- 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/Supervisor may speak with the Registered Medical Practitioner providing the declaration (in Section C) if required to gain clarity of my condition. I consent to that Registered Medical Professional providing this information for that purpose.
- 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. 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 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.

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

Please turn over

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

Date of departure:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of return:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Day Month Year		Day Month Year	
Date of departure:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of return:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Day Month Year		Day Month Year	
Date of departure:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of return:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Day Month Year		Day Month Year	
Signature of member:			Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				Day Month Year
Declared at:	place	this	day of	20
		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:	<input type="text"/>
Occupation:	<input type="text"/>
Address:	<input type="text"/>
Signature of witness:	Date:
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year

KiwiSaver Act 2006 – Schedule 1

12. Withdrawal in cases of serious illness

- 12 (3) In this clause serious illness means an injury, illness, or disability:
- a. 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
 - b. that poses a serious and imminent risk of death.

For Office Use Only:

Account number:

Member records updated where applicable for new contact details