

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



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:  Day  Month  Year									
Residential address:									
Street No./Name:									
Suburb/RD No.:									
Town/City: Postcode:									
Country: New Zealand Other (please state	2):								
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 All available funds								

## **Bank account:**Payments are only payable to a

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.

## Account to be credited

### **Bank account**

Please indicate the bank account you wish to have your monies credited to. Please enclose a bank encoded deposit slip.

Bank:	Bank:							Branch:						
Account name	::													
Bank Account:														
	Bank	Branch		Acco	unt Nu	mber				Suffix				

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 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 at www.summer.co.nz/ account-terms 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 and visa details, or call us on 0800 11 55 66.

Verification of identity	
NZ Driver licence number:	Driver licence version:
Vehicle registration number:	
NZ Passport number:	
Passport issue date:  Day Month Year  Soction P. Modical or purso practiti	Passport expiry date:  Day Month Year  Open declaration of socious illness
Section B - Medical or nurse practiti Patient	offer declaration of serious infless
Mr Ms Mrs Miss Dr	Other (please state)
Full name:	
Mailing address:	
Street No./Name/PO Box:	
Suburb/RD No.:	
Town/City:	Postcode:
Country: New Zealand Other (please state)	:
Medical or nurse practitioner	
l,	of
(full name of registered Medical or nurse practitioner)	
Address:	
(address of registered Medical or nurse practitioner)	
Phone Day:	Phone Mobile:
Medical Council Registration Number:	
certify that:	

the above-named is a patient of mine and I have recently given them a full medical examination,
In my opinion, the above named has an injury, illness or disability (tick options below that apply) which:
results in them being unable to <b>totally and permanently</b> engage in work they are suited for (because of experience, education or training, or any combination of these); or

I am a registered medical practitioner or nurse practitioner with the Medical Council of New Zealand

poses a serious and imminent risk of death.

**Or,** in my opinion, the member does not meet either of the criteria above.

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

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

li:
ull 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.
- 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

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

Date of departure:				Date of return:			
	Day	Month	Year		Day	Month	Year
Date of departure:				Date of return:			
	Day	Month	Year		Day	Month	Year
Date of departure:				Date of return:			
	Day	Month	Year		Day	Month	Year
Signature of m	nember:			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 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

## 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	Onl	y:				
Account number:						Member records updated where applicable for new contact details
						applicable for flew contact details