

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

KiwiSaver Scheme 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 Forsyth Barr Investment Management Limited, Private Bag 1999, **Dunedin**.

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	2):						
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 parti	Partial withdrawal amount: \$						
I wish to make a regul	ar withdrawal	Regular withdrawal amount: \$					
Vithdrawal 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

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%)	%	\$

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.

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:			Branch:				
Account name	:						
Bank Account:							
	Bank	Branch	Account Numbe	r	Suffix		

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

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. If you do not have New Zealand Identity documents, please provide a certified copy of your overseas passport and us on 0800 11 55 66.

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.

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

Verification of identity

NZ Driver licer	ice number	:			Driver licer	nce version:		
Vehicle regis	stration nur	mber:						
NZ Passport	t number:							
Passport issue date:				Passport expiry date:				
	Day	Month	Year		Day	Month	Year	

Section B - Life-shortening Congenital Condition and Medical certificate

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

FORM OF DECLARATION

(full name of person making declaration)
Of:
(address of person making declaration)
Occupation:
(accumpation of parson 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 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 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

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	y:			
Account number:					

Member records updated where