



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

**Summer**  
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:	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Day</td><td>Month</td><td colspan="2">Year</td><td colspan="4"></td></tr></table>	<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					
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Day	Month	Year															
Residential address:																	
Street No./Name:																	
Suburb/RD No.:																	
Town/City:	Postcode:																
Country:	<table><tr><td>New Zealand</td><td>Other (please state):</td></tr></table>	New Zealand	Other (please state):														
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



**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](http://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.**

**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 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

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

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 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:	<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"/>	
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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"/>	
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	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

#### 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