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

Summer
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 **Summer KiwiSaver Scheme customer service, 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):

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 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.

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: Bank Branch Account Number 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 with our identification providers to verify your identity (as required by law). Please see our privacy policy for more detail. You can view this online at www.summer.co.nz/privacy-policy 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 or call us on 09 243 1020.**

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 - Medical or nurse practitioner declaration of serious illness

Patient

☐ 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

I, 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:

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

☐ 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 **totally and permanently** engage in work they are suited for (because of experience, education or training, or any combination of these); or

◯ 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):

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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.

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 and Salt Investment Funds Limited, or their 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 and Salt Investment Funds Limited (including their 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 and Salt Investment Funds 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.

Please turn over

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

Date of departure: Day Month Year Date of return: Day Month Year

Date of departure: Day Month Year Date of return: Day Month Year

Date of departure: Day Month Year Date of return: Day Month Year

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:

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.

Checklist

Please check that you have included the below with your application prior to returning the form (and supporting documentation) to Salt Investment Funds Limited via email: info@summer.co.nz. Or by mail to PO Box 2673, Auckland 1140.

- ☐ Please provide a certified copy of identity following our guidelines (see following page)
- ☐ Proof of bank account: A bank encoded deposit slip with pre-printed details of bank account name and number; a bank statement; or a bank account verification letter or other document of confirmation provided by the bank.
- ☐ Certified copy of the power of attorney and Certificate of Non-Revocation and Non-Suspension of Enduring Power of Attorney (where an attorney signs on behalf of the Summer member), if applicable
- ☐ Signed and witnessed statutory declaration if you joined KiwiSaver before the age of 65 (see the Witness section for more information on persons authorised to witness statutory declarations)

Please turn over

Certification guidelines

- Acceptable documents – current passport (including your photo and signature pages) or Drivers Licence (back and front). If these are foreign documents, they need to be translated into English.
- Certification must be within the last twelve months.
- The certifier must be: a JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor, or any other person who has legal authority to take statutory declarations. The certifier cannot be your spouse, partner, relative, or living at the same address as you.
- Upon comparing the copy with the original document, the certifier must write on the copy their name, occupation, their signature, the date and the following statement: "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]."

For Office Use Only:

Account number: | | | | | | | |

☐ Member records updated where applicable for new contact details

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