

Serious Illness Withdrawal Form

If you would like help with determining whether you are suffering a serious illness, or in completing this form, please phone Generate KiwiSaver Scheme on 0800 855 322.

Use this form to apply for a withdrawal of KiwiSaver contributions if you are suffering a serious illness. Serious illness is defined in section 12(3) of the KiwiSaver Act as meaning an injury, illness or disability 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, or training, or any combination of those things, or
- that poses a serious and imminent risk of death.

Document checklist:

- Completed application form
- Provide proof of bank account e.g. (pre-printed deposit slip, a copy of bank statement)
- Provide certified copy of Identity (please refer to table on page 2)
- Provide proof of address (please refer to table on page 2)
- Complete Statutory Declaration
- Your doctor or specialist must complete the declaration on page 3

Member Details

Title _____ First Name _____ Surname _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Postal Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

Generate KiwiSaver Member Number

--	--	--	--	--	--	--	--

 IRD No.

--	--	--	--	--	--	--	--

If you don't know your IRD number, please call the IRD on 0800 227 774.

Payment Details

We will only make payments in New Zealand dollars to a New Zealand bank account in your name. We will adjust our withdrawal amount for any tax liability.

Name of Bank Account _____

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank _____ Branch _____

Address/PO Box _____

Town/City _____

Serious Illness Withdrawal Form

Identity Documents and Proof of Address

OPTION 1

- Passport;
- New Zealand Drivers Licence; or
- New Zealand Firearms Licence

OPTION 2

- Birth Certificate; or
- Citizenship Certificate

AND one of the following:

- HANZ 18+ Card; or
- Tertiary Student Photo ID; or
- Current International Driving Permit
- NZ Bank Credit Card with photo

Choose one of the acceptable forms of **proof of address** for applicant's physical address (not a PO Box) by sending us a copy of an invoice, statement, letter or contract in applicant's name, dated within the **last 12 months**, from one of the following sources:

- Utility bill e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)
- NZ Bank correspondence
- Government or local Government agency e.g. IRD, benefits statement, Watercare, Council notice
- Companies Office records

If you do not have one of the above forms then please provide copy of an invoice, statement, letter or contract in applicant's name, dated within the **last 3 months**.

- Electronic white pages
- Insurance company statement or letter
- Rental tenancy agreement
- Non-bank financial institution statement or letter (including KiwiSaver account)
- Electoral roll papers
- Car registration notification/demand
- Employer provided accommodation letter

Certification of your Identity Documents

Have an approved person certify copies of all ID.

An employee or agent of Generate can certify ID.

- Certification must be within the last three months.
- The approved person cannot be your spouse, partner, relative or living at the same address as you.
- The approved person could be: an employee or agent of Generate; JP; Chartered Accountant; Lawyer; Police Officer; Registered Teacher; Registered Doctor or any other person who has legal authority to take statutory declarations in New Zealand.
- Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, "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]"

Serious Illness Withdrawal Form

Doctor's Declaration of Serious Illness

Patient Details

Title _____ First Name _____ Surname _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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 Daytime Phone _____

Postal Address _____

City _____ Country _____ Postcode _____

Doctor Details

I, Dr (full name) _____

Postal Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

Certify that:

- I am a registered medical 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 (please select the option below that applies) which:

- results in them being totally & permanently unable to 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

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

Medical Practitioner's signature _____ Date _____

Medical Practitioner's stamp

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Statutory Declaration

The KiwiSaver Act 2006 requires that you must make a Statutory Declaration for your early withdrawal.

I, the above named Applicant, do solemnly and sincerely declare that:

I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver.

I was living overseas for the following dates

_____ to _____

(insert dates)

And I understand I do not qualify to be paid the member tax credit for this period.

I also declare that the information I have provided is true and correct and is no way misleading and that:

- I am suffering a Serious Illness as defined in the Act, and I am applying to the Trustee for withdrawal from my Generate KiwiSaver Scheme account as detailed above to be paid to the bank account as specified in this form.
- I understand that acceptance of this application is at the discretion of the Trustee.
- I understand that if I am making a full withdrawal from my Generate KiwiSaver Scheme account for Serious Illness, I will no longer be a member of the Generate KiwiSaver Scheme and my account will be closed.
- I understand that the Manager and/or Trustee may request additional information from me relating to this application.
- I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my Generate KiwiSaver Scheme account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Trustee of the Generate KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Trustee of the Generate KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Your Signature _____

Declared at _____ Address _____ this _____ Date _____ of _____ Month _____ 20 _____ Year _____

Before me _____ (name)

In my capacity as a Justice of the Peace, Solicitor, Notary Public or other person authorised to take a statutory declaration.

Signature _____

Where do I send my application to?

Email return: Please scan this application and all supporting documentation and email them to us at info@generatekiwisaver.co.nz **or**

Postal return: Please send this application and any supporting documentation to: Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142