

Serious Illness Withdrawal Form

If you would like help with understanding the criteria for 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 your KiwiSaver balance 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
- Medical certificate

Member Details

Title _____ First Name _____ Middle Name _____

Surname _____ Date of Birth

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

Residential Address _____

City _____ Country _____ Postcode _____

Home Phone _____ Work Phone _____

Mobile _____ Email _____

Generate KiwiSaver Member Number

G	E	N							
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 IRD No.

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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.

Account Holder's Name _____

Account Number

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Bank _____ Branch _____

Address/PO Box _____

Town/City _____

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Your Withdrawal Options

Please pick one of the following withdrawal options:

- Withdraw all of my savings;
- Withdraw part of my savings (minimum withdrawal of \$100).

Amount \$

Identity and Proof of Address Documents (mandatory)

OPTION 1	OPTION 2
<input type="checkbox"/> Passport; or <input type="checkbox"/> New Zealand Drivers Licence; or <input type="checkbox"/> New Zealand Firearms Licence.	<input type="checkbox"/> Birth Certificate; or <input type="checkbox"/> Citizenship Certificate. AND one of the following: <input type="checkbox"/> Kiwi Access Card; or <input type="checkbox"/> Tertiary Student Photo ID; or <input type="checkbox"/> Current International Driving Permit
<p>Choose one of the acceptable forms of proof of address for applicant's residential 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:</p> <p><input type="checkbox"/> Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider) <input type="checkbox"/> Government or local Government agency e.g. IRD, benefits statement, Council notice <input type="checkbox"/> NZ bank correspondence <input type="checkbox"/> Non-Generate KiwiSaver correspondence</p> <p><input type="checkbox"/> Car registration notification/demand</p> <p>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, from one of the following sources:</p> <p><input type="checkbox"/> Electronic white pages <input type="checkbox"/> Rental tenancy agreement <input type="checkbox"/> Non-bank, non-KiwiSaver financial institution <input type="checkbox"/> Insurance company</p>	

Certification of your Documents (mandatory)

Provide originals or have an approved person certify copies of all identity documents; and proof of address (which is not required to be certified).

An employee or agent of Generate can verify original documents by sighting the original documents and then making the following statement "I verify that I have sighted the originals of the attached documents and the documents are exact copies of the original."

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: a 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]"

Privacy Statement

Generate Investment Management Limited ("Generate"), Public Trust, or any of their authorised agents and any distributor assisting with the application (each an "Authorised Person") may collect personal information about you for the purpose of this withdrawal application. It may also be used to electronically confirm your identity and address for these purposes to third parties where relevant. Generate (or through MMC Limited) and Public Trust will hold the information securely and may use the personal information to effectively assess an application for withdrawal on the grounds of Serious Illness Withdrawal, manage the member's investment in the Scheme, to communicate with the member or to promote other products and services to the member. You have the right to access the information held by us and you may also request that it be corrected.

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

Serious Illness Withdrawal Form

Medical Practitioner'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 / Nurse Practitioner's Details

I, (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 (describe the patient's condition): _____

Medical Practitioner's signature _____ Date _____

Medical Practitioner's stamp

Serious Illness Withdrawal Form

Statutory Declaration

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

I _____ first name _____ middle name _____ surname _____ (full legal name of person making declaration)

_____ (occupation (or unemployed/retired) of person making declaration)

of _____ street _____ suburb _____

_____ city _____ postcode _____ (full residential address of person making declaration)

solemnly and sincerely declare 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 consent to Generate electronically verifying my identity by passing my information to and checking it with the document issuer, official record holder and authorised third parties. I understand that Generate may still require original and certified copies of my identity and/or proof of address.

- Please tick one (this relates to the withdrawal of Government contributions):

- During my KiwiSaver membership, my principal place of residence was New Zealand, or
- During my KiwiSaver membership, there were periods when my principal place of residence was not New Zealand (please specify):

_____ month / year _____ to _____ month / year _____ (insert dates)

_____ month / year _____ to _____ month / year _____ (insert dates)

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

Signature of person making the declaration _____

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

Before me (name, occupation, address and signature of person before whom the declaration is made)

Name _____

Occupation _____

Address _____

Signature _____

Stamp

Statutory declaration made in New Zealand

A statutory declaration made in New Zealand under the Oaths and Declarations Act 1957 must be made before a person described in section 9 of that Act including:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;
- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament;
- Officers of the Crown or of a local authority within the meaning of the Local Government Act 2002, authorised for that purpose by the Minister of Justice by notice in the Gazette; or
- an employee of Public Trust constituted under the Public Trust Act 2001, authorised for that purpose by the Minister of Justice by notice in the Gazette.