

Please mail to Freepost 211044, Christian KiwiSaver Scheme, PO Box 12 287, Thorndon, Wellington 6144

A Significant Financial Hardship withdrawal is subject to the restrictions provided in the KiwiSaver Scheme Rules of the KiwiSaver Act 2006. The Trustee:

- » must be satisfied that reasonable alternative sources of funding have been exhausted; and
- » may limit the withdrawal to a specified amount that, in their opinion, is required to alleviate the particular hardship you are suffering.

1. Member details

Title	First name	Middle name(s)																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Surname																						
<input type="text"/>																						
Date of birth	IRD Number																					
<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table>					-					-			
D	D	M	M	Y	Y	Y	Y															
			-					-														
Phone	Daytime / Cellular (0)	Email address																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																				
Postal address	Number / Street / PO Box																					
<input type="text"/>	<input type="text"/>																					
	Suburb / City	Postcode																				
<input type="text"/>	<input type="text"/>	<input type="text"/>																				

2. Household details

Please list your partner / dependants

Name	Age	Relationship to you	Are they employed?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Reason for applying

Please indicate the reason or reasons for applying

- Unable to pay for minimum living expenses such as power, phone, rent/mortgage, food and groceries
- Unable to pay mortgage and the lender is seeking to enforce the mortgage
- Unable to pay to modify your home to meet special needs if you or a dependent family member is disabled
- Unable to pay for medical treatment if you or a dependent family member has an illness or injury, or requires palliative care
- Unable to pay funeral costs as a dependent family member has died
- Other - If you feel you are suffering (or likely to suffer) from significant financial hardship for any other reason, please attach an explanation of your circumstances.

You should attach any comments or documents which may assist with this application.

4. What is your total weekly household income?

In this section you need to tell us about the money you and your household have coming in each week. The more information we have, the better we will be able to assess your individual circumstances.

You:		Your partner:	
Salary / wages	\$ <input type="text"/>	Salary / wages	\$ <input type="text"/>
Commission	\$ <input type="text"/>	Commission	\$ <input type="text"/>
Self-employed income	\$ <input type="text"/>	Self-employed income	\$ <input type="text"/>
Pension / superannuation	\$ <input type="text"/>	Pension / superannuation	\$ <input type="text"/>
Benefit	\$ <input type="text"/>	Benefit	\$ <input type="text"/>
Child support	\$ <input type="text"/>	Child support	\$ <input type="text"/>
ACC	\$ <input type="text"/>	ACC	\$ <input type="text"/>
Rental / board income	\$ <input type="text"/>	Rental / board income	\$ <input type="text"/>
Interest / dividends	\$ <input type="text"/>	Interest / dividends	\$ <input type="text"/>
Other	\$ <input type="text"/>	Other	\$ <input type="text"/>
Total for you:	\$ <input type="text"/>	Total for your partner:	\$ <input type="text"/>

5. What assets / savings do you have?

In this section you need to tell us about the things you and your household own, and their current value.

You:		Your partner:	
Family home	\$ <input type="text"/>	Family home	\$ <input type="text"/>
Investment property	\$ <input type="text"/>	Investment property	\$ <input type="text"/>
Household contents (value)	\$ <input type="text"/>	Household contents (value)	\$ <input type="text"/>
Vehicles (including boats)	\$ <input type="text"/>	Vehicles (including boats)	\$ <input type="text"/>
Bank accounts	\$ <input type="text"/>	Bank accounts	\$ <input type="text"/>
Shares	\$ <input type="text"/>	Shares	\$ <input type="text"/>
Term deposits	\$ <input type="text"/>	Term deposits	\$ <input type="text"/>
Superannuation / KiwiSaver	\$ <input type="text"/>	Superannuation / KiwiSaver	\$ <input type="text"/>
Holiday home	\$ <input type="text"/>	Holiday home	\$ <input type="text"/>
Other	\$ <input type="text"/>	Other	\$ <input type="text"/>
Total for you:	\$ <input type="text"/>	Total for your partner:	\$ <input type="text"/>

6. What is your total weekly household expenditure?

In this section you need to tell us about the money you and your household have going out each week. The more information we have, the better we will be able to assess your individual circumstances.

How much do you and your partner pay each week for:

Mortgage / rent / board	\$ <input type="text"/>	Credit card 1	\$ <input type="text"/>
Land rates	\$ <input type="text"/>	Credit card 2	\$ <input type="text"/>
Water bill	\$ <input type="text"/>	Credit card 3	\$ <input type="text"/>
Electricity bill	\$ <input type="text"/>	Store card 1	\$ <input type="text"/>
Gas bill	\$ <input type="text"/>	Store card 2	\$ <input type="text"/>
Home maintenance	\$ <input type="text"/>	Store card 3	\$ <input type="text"/>
Phone bill	\$ <input type="text"/>	Personal loan 1	\$ <input type="text"/>
Internet bill	\$ <input type="text"/>	Personal loan 2	\$ <input type="text"/>
TV / Sky bill	\$ <input type="text"/>	Personal loan 3	\$ <input type="text"/>
Food / groceries	\$ <input type="text"/>	Hire purchase payment 1	\$ <input type="text"/>
Doctor / dentist / optician	\$ <input type="text"/>	Hire purchase payment 2	\$ <input type="text"/>
Pharmacy / medication	\$ <input type="text"/>	Hire purchase payment 3	\$ <input type="text"/>
House / contents insurance	\$ <input type="text"/>	Finance company 1	\$ <input type="text"/>
Life insurance	\$ <input type="text"/>	Finance company 2	\$ <input type="text"/>
Medical insurance	\$ <input type="text"/>	Finance company 3	\$ <input type="text"/>
Vehicle / boat insurance	\$ <input type="text"/>	Bank overdraft 1	\$ <input type="text"/>
Petrol / road user charges	\$ <input type="text"/>	Bank overdraft 2	\$ <input type="text"/>
Public transport	\$ <input type="text"/>	Bank overdraft 3	\$ <input type="text"/>
Registration / WOF	\$ <input type="text"/>	Other 1	\$ <input type="text"/>
Car maintenance	\$ <input type="text"/>	Other 2	\$ <input type="text"/>
Offerings / donations / gifts	\$ <input type="text"/>	Other 3	\$ <input type="text"/>
Children's education	\$ <input type="text"/>	Total outgoing:	\$ <input type="text"/>
Children's clothing	\$ <input type="text"/>		
Child maintenance	\$ <input type="text"/>		
Child care	\$ <input type="text"/>		

7. What debts do you have (what do you owe)?

In this section you need to tell us about the debts you and your household have.

How much do you and your partner owe in total for:

Mortgage / rent / board	\$	Credit card 1	\$
Land rates	\$	Credit card 2	\$
Water bill	\$	Credit card 3	\$
Electricity bill	\$	Store card 1	\$
Gas bill	\$	Store card 2	\$
Home maintenance	\$	Store card 3	\$
Phone bill	\$	Personal loan 1	\$
Internet bill	\$	Personal loan 2	\$
TV / Sky bill	\$	Personal loan 3	\$
Food / groceries	\$	Hire purchase payment 1	\$
Doctor / dentist / optician	\$	Hire purchase payment 2	\$
Pharmacy / medication	\$	Hire purchase payment 3	\$
House / contents insurance	\$	Finance company 1	\$
Life insurance	\$	Finance company 2	\$
Medical insurance	\$	Finance company 3	\$
Vehicle / boat insurance	\$	Bank overdraft 1	\$
Petrol / road user charges	\$	Bank overdraft 2	\$
Car maintenance	\$	Bank overdraft 3	\$
Children's education	\$	Other 1	\$
Children's clothing	\$	Other 2	\$
Child maintenance	\$	Other 3	\$
Child care	\$	Total debt:	\$

8. Family trusts and Guarantor

Have you set up a family trust and / or are you a trustee / beneficiary of a family trust?

Yes No

Are you acting as a guarantor for a loan for any other persons?

Yes No

9. Withdrawal amount

Please choose one option

All eligible funds in my KiwiSaver account at the time of withdrawal

A partial withdrawal of \$
or all eligible funds at the time of the withdrawal if this is a lesser amount.

10. Payment details

If my application is successful, please pay the withdrawal amount to my bank account as detailed below:

Name of bank account - Please provide proof of your bank account name and number by attaching a deposit slip or bank statement

Account details

Bank

Branch

Account

Suffix

11. Statutory declaration

Full name

I,

Address

of

Occupation

solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

1. I agree that the information provided on this form be given to the Trustee in order to assess my eligibility for withdrawal. I understand the information will be confidentially retained by the Trustee but will only be used for administration and statistical purposes;
2. I understand that if my application is approved, the Trustee may limit the amount that I am able to withdraw to an amount that in its opinion is required to alleviate my financial hardship;
3. I understand that the Kickstart Contribution and the Member Tax Credit amount cannot be withdrawn;
4. I have not withheld any information on my financial position that may affect the Trustee's decision on this application. I authorise the Trustee or their agent to make such enquiries as they deem necessary in order to verify the details set out in my application;
5. I consider myself to be suffering significant financial hardship and have explored and exhausted all reasonable alternative sources of funding.
6. While I have been a KiwiSaver member:

Please choose one option

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

I have had my principal place of residence in New Zealand for the entire period that I have been a member of KiwiSaver, with the exception of the following periods, during which I lived overseas.

From to

From to

and during my time living overseas I was was not working for a charitable organisation.

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

Signature of applicant

Declared at this day of

Signature of Witness

Your signature must be witnessed by a Justice of the Peace, a Solicitor, a Court Registrar (or Deputy Registrar) or any other person authorised to take statutory declarations.

Before me:

<p>Signature of witness</p> <input type="text"/>	<p>Official stamp</p> <div style="border: 1px dashed black; width: 100%; height: 100%;"></div>
<p>Printed name</p> <input type="text"/>	
<p>Position</p> <input type="text"/>	