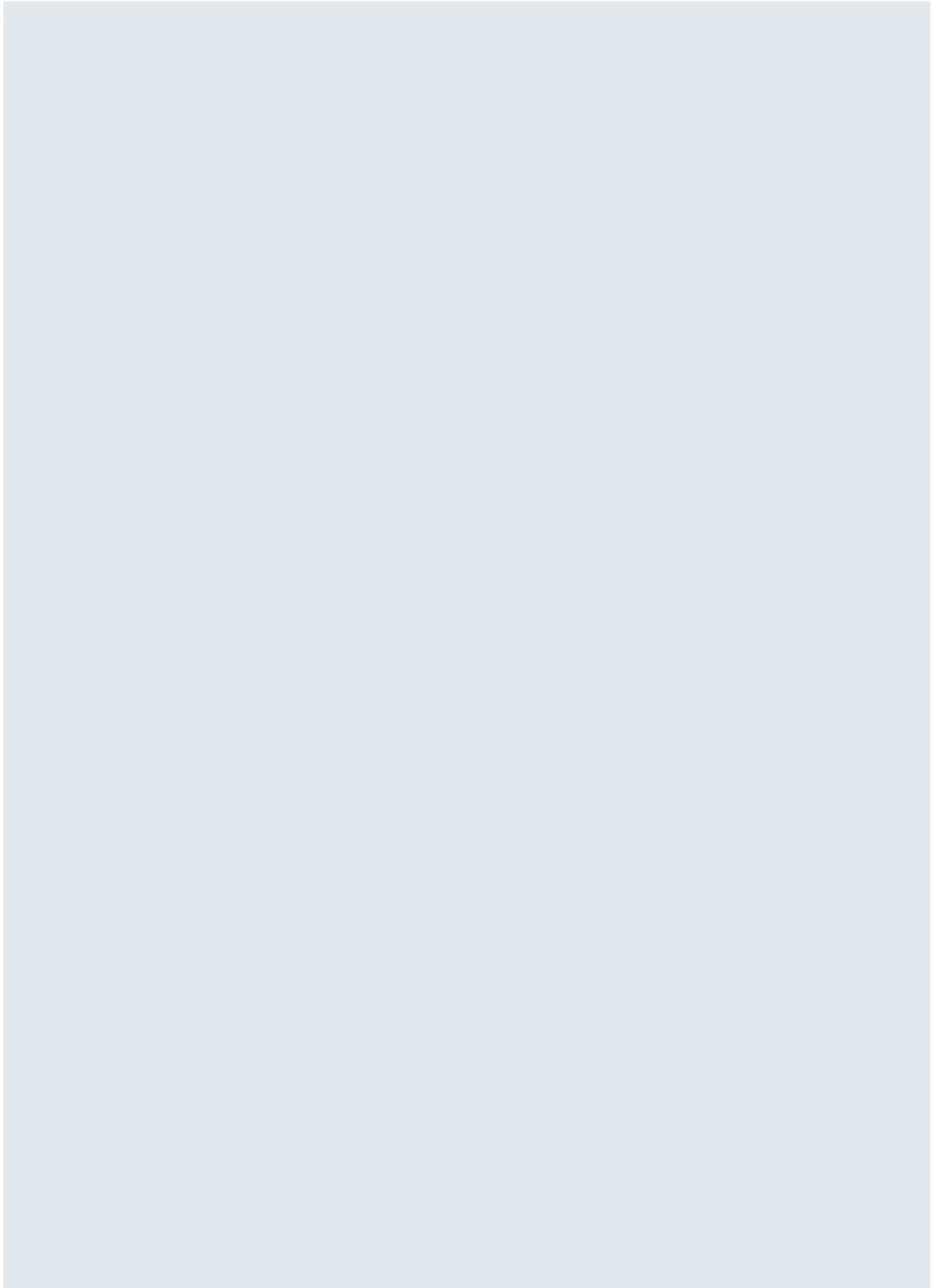


4. Member's statement of serious illness

Please describe the nature of your condition.

Attach any additional comments or documents which may assist with this application.



5. Statutory declaration

I,

of

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

1. I am requesting payment of funds in my Christian KiwiSaver Scheme account on the basis of serious illness.
2. I understand that the Trustee, in determining whether to meet this claim:
 - » might require further information from me relating to this application; and
 - » might need to seek and obtain information that is held by any other person or organisation that the Trustee considers appropriate for the purpose of checking the information and to assist in assessing this application, and I authorise any person holding information relevant to this application to disclose it to the Trustee on request; and
 - » will use and disclose information about my serious illness for the sole purpose of assisting with the processing of this application.
3. I understand that I may not be entitled to any Government annual contribution (also called member tax credit) for any period that my principal place of residence was not New Zealand, and any Government annual contributions claimed on my behalf during such period may be deducted from my withdrawal amount and returned to the Commissioner of Inland Revenue.

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.

5. 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:

Signature of witness

Printed name

Position

Official stamp

Serious Illness Withdrawal

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

1. Patient details

To: Trustee of the Christian KiwiSaver Scheme

Full name of Christian KiwiSaver Scheme member

Re: (the Member)

Residential address of the member

of

Suburb / City

Postcode

2. Doctor's declaration of serious illness

Full name of doctor

I,

Address

of

Suburb / City

Postcode

Daytime or mobile phone number

Email address

(0)

certify that:

- » I am a medical practitioner registered with the Medical Council of New Zealand.
- » The above-named Member is a patient of mine and I have recently given them a full medical examination.
- » In my opinion, the Member has an injury, illness or disability which:

Please choose one option

- results in him or her being permanently unable to engage in work he or she are suited for (because of experience, education or training, or any combination of these);
- poses a serious and imminent risk of death; or
- in my opinion the Member does not meet either of the criteria above.

I form this opinion based on:

Give a brief description of the patient's condition. Please attach any relevant supporting information or documentation.

Signature of doctor

Date