

## Serious Illness Withdrawal

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

Under the KiwiSaver Act 2006, serious illness means 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, education, or training, or any combination of those things; or
- » poses a serious and imminent risk of death.

If it is assessed you are suffering serious illness then you can withdraw all or part of your total eligible funds from your KiwiSaver account including the Government contributions.

1. Member details								
Title Surname	First name	Middle name(s)						
Date of birth	M M Y Y Y Y  Daytime	IRD Number  Mobile						
Phone Postal address	Number / Street / PO Box Suburb / City	(0 )  Postcode						
Email address  2. Withdra	wal amount							
Please choose one option  All eligible funds in my KiwiSaver account at the time of withdrawal  By choosing full withdrawal, I agree that the Trustee may close my KiwiSaver account.  A partial withdrawal of \$  or all eligible funds at the time of the withdrawal if this is a lesser amount.								
3. Payment								
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						

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.	5. Statutory declaration																			
	Full n	name																		
I,																				
	Addre	ess												Occ	cupatio	n				
of																				
so	lemnly a	and sind	cerely d	eclare	that al	I the in	ıforma	ition	provid	led in (	or with	this a	oplicat	ion	is true	and c	orrect	and t	hat:	
1.	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:																			
	» mią	ght req	uire fur	ther in	format	ion fro	m me	relat	ing to	this ap	oplicat	ion; an	d							
	app per wil	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																		
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 o	choose o	ne opti	on																
	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	D	D	М	М	Υ	Υ	Υ	Υ	to	D	D	М	М	Υ	Υ	Υ	Υ	
		From	D	D	М	М	Υ	Υ	Υ	Υ	to	D	D	М	М	Υ	Υ	Υ	Υ	
		and during my time living overseas I was was not working for a charitable organisation.																		
<ol> <li>I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.</li> </ol>								ons												
	Signatur	re of app	olicant																	
Place Day Month & year																				
	Declare	ed at							this	5		day	y of							
	<b>Signature of Witness</b> 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.																			
		Signature of witness Official stamp									,									
	Before	Before me:								1										
		Printed name									 									
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			Position	1										- I	 					1
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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 Dc	octor's declaration of serious illness									
Z. DC										
	Full name of doctor									
I,										
٠,4	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.									
»	, , ,									
<ul> <li>In my opinion, the Member has an injury, illness or disability which:</li> <li>Please choose one option</li> </ul>										
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.									
l form	n this opinion based on:									
	brief description of the patient's condition. Please attach any relevant supporting information or documentation.									
Sign	nature of doctor Date									