

Application for Withdrawal of KiwiSaver Contribution on the grounds of significant financial hardship or serious illness

Use this form to apply for a withdrawal from your KiwiSaver account if you are:

- experiencing serious illness,
- experiencing, or likely to experience, significant financial hardship.

Section A General

1. Your IRD Number

2. Your name Mr Mrs Miss Ms Other _____

Email _____ Contact Phone _____

First Name(s) _____ Surname _____

Spouse/Partner Name _____

Is your Spouse/Partner in paid employment? Yes No Not Applicable

3a. Your Residential Address

3b. Your Postal Address
(if different from 3a)

Street Address _____

Street Address or PO Box _____

Suburb or RD _____

Suburb or RD _____

Town or City _____

Town or City _____

Postcode

Postcode

4. Home Ownership Status Rent Board Own Home
 Other (please specify) _____

5. Dependants	Name	Age	Nature of Relationship
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

6. Are you applying because of: Serious illness?
Complete Sections B to D Significant financial hardship?
Complete Sections C to D

7. How much money do you need?

Amount \$

In granting this application we may consider the withdrawal of all or part of the amount.
We may also request further financial information from you.

8. Outline how you would spend any approved withdrawal

Privacy Act 1993: We ask you for information so we can effectively manage your KiwiSaver account, under the KiwiSaver Act.

You must, by law, give us this information.

You can ask to see the personal information that Aon holds about you by calling us on 0800 266 4636.

Section B Serious Illness

Serious illness means an injury, illness or disability that results in your being totally and permanently unable to do work you are suited to (because of experience, education, training or a combination of these) or illness that poses a serious and imminent risk of death.

For a serious illness withdrawal:

- ask your doctor to complete the doctor's declaration section of this form.

PATIENT

Full Name _____
First Name(s) Surname

Address _____
Street Address or PO Box Number

CONSENT: I consent to provide medical records and information relating to my serious illness to the Trustee of AonSaver to support my application for refund of my KiwiSaver contributions.

Signature _____ Date ____ / ____ / ____

Doctor's Declaration of Serious Illness

I, Dr. _____
of _____
Town or City

Contact Numbers _____
Daytime Mobile

Email Address

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 him/her a full medical examination
- In my opinion, the above-named has an injury, illness or disability *(delete options below that don't apply)* which:
 - results in them being totally and 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):

Records/reports attached

Medical Practice Stamp

Signature _____ Date ____ / ____ / ____

Assets and Liabilities *Enter all business and private assets and liabilities*

LIABILITIES/DEBTS (show details)

AMOUNT OWING

Mortgages

Bank/Institution _____

Value \$ _____ \$ _____

Other Properties _____

Value \$ _____ \$ _____

Loans

Bank/Institution _____

Value \$ _____ \$ _____

Bank/Institution _____

Value \$ _____ \$ _____

Bank Overdraft

Bank/Institution _____

Value \$ _____ \$ _____

Bank/Institution _____

Value \$ _____ \$ _____

Credit Cards

Type _____

Limit \$ _____ \$ _____

Type _____

Limit \$ _____ \$ _____

Leases

Item _____

Date Purchased ____/____/____ Finish Date ____/____/____

Purchase Amount \$ _____ \$ _____

Item _____

Date Purchased ____/____/____ Finish Date ____/____/____

Purchase Amount \$ _____ \$ _____

Hire Purchases

Item _____

Date Purchased ____/____/____ Finish Date ____/____/____

Purchase Amount \$ _____ \$ _____

Trade Accounts

Account Name _____

Value \$ _____ \$ _____

Account Name _____

Value \$ _____ \$ _____

Account Name _____

Value \$ _____ \$ _____

Other debts (eg with Dept. for Courts, Dept. of Work and Income)

Name of Debt _____

Value \$ _____ \$ _____

Name of Debt _____

Value \$ _____ \$ _____

Total Liabilities (add all amounts in the right hand columns and print total in Box F)

F \$ _____

Income *Enter all income, including details of spouse or partner's income*

WEEKLY INCOME (after tax)

Salary/Wages/Pension/Drawings

\$ _____

Attach copy of last 3 payslips

Part-time Work

\$ _____

Attach copy of last 3 payslips

Spouse or Partner's Income

\$ _____

Attach copy of last 3 payslips

Self-employed Income

\$ _____

Child Support Received

\$ _____

Working for Families Tax Credits*

\$ _____

**Previously know as Family Assistance*

Department of Work and Income Benefit/Superannuation

\$ _____

Attach copy of letter from WINZ

Rent/Board Received

\$ _____

Interests/Dividends

\$ _____

Other (specify) _____

\$ _____

\$ _____

Total Weekly Income (add all amounts in the column and print total in Box A)

A \$ _____

If spouse has recently lost their job, state former income:

\$ _____

per week

Expenses

Enter all expenses, including details of spouse or partner's expenses

WEEKLY PAYMENTS

Food/Groceries

Rent/Board/Mortgage

Attach copy of rental agreement

Bus/Train/Petrol

Child care/School Expenses

Child Maintenance Payments

Attach child support letter from Inland Revenue

Other (specify) _____

Total Weekly Payments (add all amounts in the column and print total in Box B)

MONTHLY PAYMENTS

(to convert monthly payments to weekly payments, multiply by 12 and divide by 52 and put this figure in the weekly column)

monthly

weekly

Gas/Electricity

Telephone/Mobile

Clothing

Lease Payments

Attach copy of current statement

Hire Purchase

Attach copy of current statement

Credit Cards

Other (specify) _____

Total Weekly Payments (add all amounts in the weekly column and print total in Box C)

ANNUAL PAYMENTS

(to convert annual payments to weekly payments, divide by 52 and put this figure in the weekly column)

annual

weekly

Vehicle Insurance *(eg. car, boat caravan)*

Vehicle Registration/Warrant

House and Contents Insurance

Rates

Medical Insurance/Expenses

Life Insurance/Superannuation

Other (specify) _____

Total Annual Payments (add all amounts in the weekly column and print total in Box D)

Office use only - Calculation: Income (Box A) less Expenses (Box B + Box C = Box D) = balance

Section D Member Declaration

I, _____
Full name

of _____
Address

Occupation

- request a withdrawal from my KiwiSaver account under the provisions of significant financial hardship/serious illness
- confirm that I have explored reasonable alternative sources of funding and their limits
- verify that the completed income, expenditure and statement of financial position documents attached are true and correct to the best of my knowledge

Applicants' Signature _____

on _____
Day _____ *Month* _____ *Year* _____

Before me
(please print) _____

Justice of the Peace, or solicitor of the High Court of New Zealand, or other person authorised to take statutory declarations.

Signature _____

Send this declaration to: Aon New Zealand
PO Box 3167
Shortland St
Auckland 1140

- CHECKLIST:**
- I have Completed Section B to D - Serious Illness
 Completed Section C to D - Significant Financial Hardship
- I have attached Copy of bank deposit slip
 Copies of payslips (3)
 Copies of bank account statements (last 3 months)
 Copy of residential rent agreement
 Copy of overdue accounts and loans
 Copy of credit card statements