

Use this form to apply for a:

- total or partial withdrawal of your account balances due to serious illness, or
- total or partial withdrawal from your standard and/or locked accounts due to a life-shortening congenital condition.

Don't use this form if you are leaving work and you only have savings in UniSaver's standard section. Complete **form 9 Leaving service** instead.

Complete **Parts A and B**. Complete the statutory declaration (**Part C**) if you are withdrawing funds from your locked accounts. Ask your doctor to complete **Part D**. Your employer will complete **Part E** if you are leaving service.

PART A

Personal and contact details

Mr	Mrs	Miss	Ms	Dr	Assoc Prof	Prof
Surname				Given names		
Membership number				Date of birth (DD/MM/YYYY)		
Email				IRD number*		
Work phone		Home phone		Mobile		

* **Locked members only** – Inland Revenue requires us to hold IRD numbers for locked members. Note your IRD number here if you haven't provided it to us before.

PART B

Serious illness withdrawal

Member standard and employer standard accounts

I am leaving service as a result of ill health.

Locked accounts

To qualify for a serious illness withdrawal from your locked accounts, you must have suffered an injury, illness or disability that:

- results in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training or any combination of those things, or
- poses a serious and imminent risk of death.

I am applying to withdraw the following balances in my locked accounts due to serious illness as evidenced by the completed statutory declaration overleaf:

Locked accounts \$

Total balances from my locked accounts

Life-shortening congenital condition withdrawal

You may qualify to make a withdrawal if you suffer from a condition that has existed from the date of your birth if:

- that condition is identified as a life-shortening congenital condition under any regulations made under the KiwiSaver Act (currently this includes cerebral palsy, Down syndrome, fetal alcohol spectrum disorder and Huntington's disease), or
- you can provide medical evidence to verify that the congenital condition is expected to reduce your life expectancy, or the life-expectancy of people in general with this condition, below the New Zealand Superannuation qualification age.

Before making a withdrawal application, please consider how your withdrawal may impact any social assistance benefits you receive. If you are also a member of a KiwiSaver scheme, please talk to your KiwiSaver provider about how your withdrawal may impact your contributions and entitlements under that scheme.

I wish to make a partial withdrawal from my:

standard accounts \$

locked accounts \$

I wish to withdraw the total balances from my:

standard accounts

locked accounts

I am leaving service Yes No

All members to complete

I understand that:

- payment of this benefit is subject to the trustee's approval, and the trustee may request additional information to properly assess my application
- if my application is successful, my benefit will be paid by direct credit into my nominated account, and I attach a deposit slip or bank statement
- I am not entitled to any government contributions for any period that my principal place of residence was not New Zealand, and any government contributions claimed on my behalf for such a period will be deducted from my withdrawal amount and returned to the Commissioner of Inland Revenue
- the trustee may speak with the registered health practitioner providing the medical certificate (on page 4) if required to gain clarity of my condition, and I consent to that registered health practitioner providing this information for that purpose
- the personal information that I provide in connection with this form and in relation to my UniSaver membership will be securely held by Mercer (N.Z.) Limited (UniSaver's administration manager).

I acknowledge that, if I leave service and withdraw the total balances of my member standard and employer standard accounts and my locked accounts, I will have received full rights in accordance with UniSaver's trust deed and have no further claims against the trustee.

Signed (MEMBER)

Date (DD/MM/YYYY)

If you have any queries about completing this form, please call 0800 864 724 or email unisaver@mercero.com.

PART C

Statutory declaration

To be completed if you are withdrawing funds from your locked account.

I (ENTER YOUR FULL NAME)

of (ENTER THE ADDRESS WHERE YOU LIVE)

(ENTER YOUR OCCUPATION)

solemnly and sincerely declare:

- I am entitled to make this claim.
- During my membership of the locked section of UniSaver and/or a KiwiSaver scheme – *choose one*

there were no periods when my principal place of residence was not New Zealand

New Zealand has been my principal place of residence except during the periods set out below:

Start date: (DD/MM/YYYY)

End date: (DD/MM/YYYY)

Start date: (DD/MM/YYYY)

End date: (DD/MM/YYYY)

This relates to the withdrawal of government contributions.

- The information I have provided in this form is true and correct.

Life-shortening congenital condition withdrawal only

- I understand that, if my withdrawal is approved, my savings from my locked accounts will be released to me as if I had reached the New Zealand Superannuation qualification age (currently 65). This means that, after my withdrawal, I will no longer be eligible to receive government contributions or compulsory employer contributions (as defined in the KiwiSaver Act) in relation to any future contributions I make.

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

Note: Do not complete the following section until you are with the person witnessing your declaration.

Your signature

Declared at PLACE, FOR EXAMPLE, TOWN OR CITY

Date DD/MM/YYYY

Before me NAME OF OFFICIAL WITNESS

Justice of the Peace, solicitor, notary public or other person authorised to take a statutory declaration.

Signature OF OFFICIAL WITNESS

PART D

GP or specialist to complete

Doctor's certification of serious illness or life-shortening congenital condition

Patient details

Surname Given names Date of birth (DD/MM/YYYY)

Residential address

Doctor details

I FULL NAME of ADDRESS

Work phone Mobile

Email Registration number

certify that I am a registered medical practitioner with the Medical Council of New Zealand and the assessment covered by this certification is within my scope of practice.

Serious illness withdrawal

• The above-named is a patient of mine and I have recently given him or her a full medical examination.

• In my opinion, the above-named has an injury, illness or disability that:

results in him or her being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education or training or a combination of those factors **and/or**

poses a serious and imminent risk of death.

OR

In my opinion, the above named patient does not have an injury, illness or disability that satisfies any of the above tests.

Guidance on completing this section can be found in the Workplace Savings New Zealand KiwiSaver Serious Illness Processing Guidelines under Guidelines in the news and resources section at www.fsc.org.nz.

I form this opinion based on – *give a brief description of the patient's condition*

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Life-shortening congenital condition withdrawal – choose one

I certify that the patient named above suffers from a congenital condition that has existed since the date of his or her birth and that is identified as a life-shortening congenital condition listed under regulations made under the KiwiSaver Act, namely:

- cerebral palsy
- Down syndrome (Down’s syndrome)
- fetal alcohol spectrum disorder
- Huntington’s disease (Huntington’s chorea)

OR

I certify that the patient named above suffers from
which is a congenital condition that has existed since the date of his or her birth and that is expected to reduce his or her life expectancy, or the life expectancy of people in general with this condition, below the New Zealand Superannuation qualification age (currently 65). I form this opinion based on – *give a description of the life-shortening congenital condition from which the patient suffers*

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Doctor’s signature

Date DD/MM/YYYY

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Member to complete

If leaving service, scan and email this form to Payroll/HR for them to complete the employer section.
If remaining in service, send this form direct to UniSaver New Zealand at the address on page 6.

Checklist – make sure you include the following:

- Form completed in full (including the statutory declaration and medical certification).
- Deposit slip or bank statement for the bank account your withdrawal is to be paid into.

PART E

Employer to complete for member leaving service

Employer name

Employee's membership number

Termination date (DD/MM/YYYY)

Reason for leaving service

Serious illness

Life-shortening congenital condition

Contributions	Standard		Locked	
	Member	Employer	Member	Employer
Final contribution	\$	\$	\$	\$
Total contributions from 1 January up to the termination date	\$	\$	\$	\$

Expected date of remittance of final contribution (DD/MM/YYYY)

Comments

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I certify that:

- the above-named employee has terminated or will terminate service with the above-named employer on the above termination date
- the reason for the employee's termination of service is as indicated above
- contributions made or to be made by the employee and the employer in respect of the employee since the above-dated contribution advice up to the termination date are as stated above.

Signed (AUTHORISED OFFICER OF THE EMPLOYER)

Date (DD/MM/YYYY)

Scan and email this form to unisaver@mercero.com

Alternatively, post the form to:

UniSaver New Zealand
c/o Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140