

11. Serious illness withdrawal (Locked members)

To the trustee of UniSaver New Zealand



Please use **BLOCK LETTERS** and read the whole form before you start completing it.

Mr/Mrs/Miss/Ms/Dr/Assoc Prof/Prof.....
Circle one Surname Given names

Residential addressPostcode.....

Work phone.....Home phone.....Mobile.....

Email*.....Date of birth.....

Membership number.....IRD number.....

* By providing your email address you are consenting to receiving information about UniSaver (including the annual report) electronically. Should you no longer wish to receive such information electronically, or should your email address change, you undertake to advise UniSaver's administration manager by updating your personal details on unisaver.co.nz.

Member section

Please complete the member's section of the form and then have your doctor complete the medical section.

Member Standard and Employer Standard Accounts

I am retiring as a result of ill-health as determined by the trustee.

Locked Accounts

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

- has resulted 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 balances in my Locked Accounts due to serious illness as evidenced by the completed statutory declaration overleaf.

I understand that:

- withdrawal of my Locked Account balances in the case of serious illness is subject to the trustee's approval;
- if my application is successful, my benefit will be paid by direct credit into my nominated account. I attach a deposit slip or bank statement print out;
- before my application can be approved I am required to:
 - complete the statutory declaration contained in this form;
 - have my doctor complete the medical section;
 - return the form to UniSaver's administrator.

I acknowledge that once payment of the total balance of my Member Standard and Employer Standard Accounts and my Locked Account balances is made, I will have received full rights in accordance with UniSaver New Zealand's trust deed and have no further claims against the trustee.

Signed by the member Date

Statutory Declaration

I (full name).....

of (address, occupation).....

solemnly and sincerely declare that:

- I am entitled to make this claim
- New Zealand has been my principal place of residence except during the periods set out below:

Start date: End date:

Start date: End date:

(This relates to the withdrawal of member tax credits.)

- the information I have provided in this UniSaver New Zealand Serious illness withdrawal (Locked members) form is true and correct.

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

Declared at this day 20

Before me

Signature of

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

Name

Address

Occupation

MEDICAL SECTION Doctor's certification of serious illness (Locked members)

Patient details

Name
Surname Given names

Residential address

Doctor details

I, Dr of
Full name Address

Work phone Mobile

Email

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 (tick options that apply) 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 a combination of those factors, or
 - poses a serious and imminent risk of death.

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

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Doctor's signature Date

- Retain a copy of this form for your file.
- Send the original to:
UniSaver New Zealand
c/o Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140