



Complete Part A (including the statutory declaration) and **ask your GP or specialist to complete Part B.**
Your employer will complete Part C.

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.

Member to complete

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 leaving service as a result of ill health as defined in the trust deed.

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.

I acknowledge that, once payment of the total balances of my member standard and employer standard accounts and my locked accounts is made, 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 800 864 724 or email unisaver@mercero.com.

Statutory declaration

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 – *tick 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:

End date:

Start date:

End date:

This relates to the withdrawal of government contributions.

- The information I have provided in this 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.

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 C

Employer to complete

Employer name

Employee's membership number

Termination date **DD/MM/YYYY**

| 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/- Mercer (N.Z.) Limited
 PO Box 1849
 Wellington 6140