

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 0800 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 – *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.

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 B

GP or specialist to complete

Doctor's certification of serious illness

Patient details

Surname Given names

Residential address

Doctor details

I, Dr FULL NAME of 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 that – *choose all that apply*
 - 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
 - poses a serious and imminent risk of death.
- 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
- poses a serious and imminent risk of death.

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

Doctor's signature Date DD/MM/YYYY

Member to scan and email this form to Payroll/HR for them to complete the employer section.

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 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

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)

Email this form to unisaver@mercerc.com

Alternatively, post the form to:

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