

Lifestages KiwiSaver Scheme Serious Illness Withdrawal Application Form

Use this form to apply for a withdrawal of funds from your account on the grounds of **serious illness**.

Before you get started

'**Serious illness**' is defined as 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 a combination of those things; or
- > poses a serious and imminent risk of death.

In addition:

- > We need to verify your proof of address and identification before we can process your withdrawal application;
- > You are required to make a Statutory Declaration (section 9). This must be witnessed by a solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you.

What happens after you submit the form?

- > We check your application is complete;
- > We refer your application to Inland Revenue to enable release of your Government contributions, if any;
- > Once approved we arrange payment to your account;
- > Payment can normally be expected within 15 working days of receipt of your application.

If you require assistance completing this form then please contact us on **0800 727 2265** or email us at **contact@lifestages.co.nz**.

IMPORTANT CHECKLIST (RETURN WITH FORM)

Before sending us the form please check you:

(Please tick)

- Are fully aware of the requirements you must meet in order to qualify for this withdrawal;
- Attach proof of your bank account such as a pre-printed bank deposit slip;
- Attach a certified/verified copy of evidence of address (for a full list of acceptable documents, please refer to the section 7 of this form);
- Attach a certified/verified copy of acceptable identity verification documents. This is usually by way of either: 1. a certified/verified copy of a New Zealand passport; or 2. a certified/verified copy of a New Zealand driver licence showing a photo of the applicant, together with a secondary form of identification. For a full list of acceptable documents, please refer to section 7 of this form;
- Have had your medical practitioner or specialist complete the medical practitioner's declaration in section 8;
- Have completed all sections of this form including the Statutory Declaration (please note that your medical practitioner cannot sign the Statutory Declaration); and
- Attach any supporting evidence provided by your medical practitioner.

Return form

Please return the completed form and requested supporting documents to us by post:

Post/courier: Lifestages KiwiSaver Scheme, PO Box 10445, Wellington 6143

Section 1: Member's details

Member DoB IRD number

Title Given name(s) Surname

Current postal address

Postcode

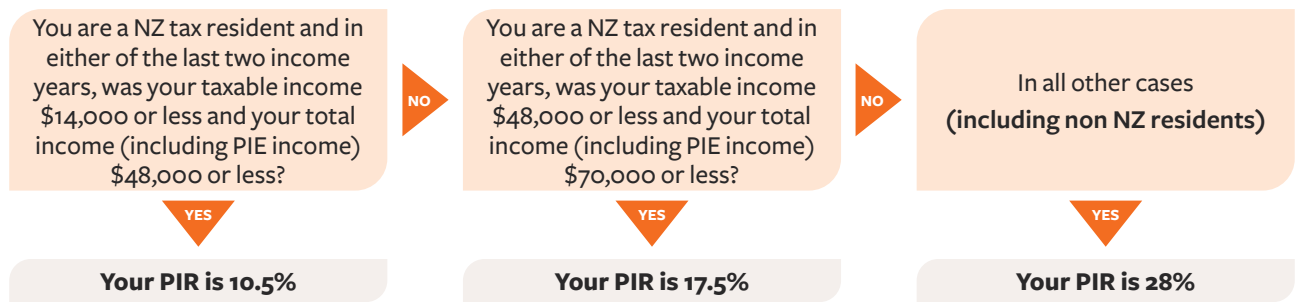
Home phone Work phone Mobile

Email address*

*Supply email address if you wish to receive all communications regarding the Lifestages KiwiSaver Scheme via email.

Guide to calculate your PIR

Start



Prescribed Investor Rate (“PIR”) (Please tick one) 10.5% 17.5% 28%

Refer to Inland Revenue (www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate) for more information.

Note: We will update your account with the contact details and PIR you provide above if they differ from our existing records.

Section 2: Withdrawal details

Type of withdrawal (please tick one)

Full withdrawal

If selecting this option:

- > Your final Government contribution claim will be processed by Inland Revenue before your withdrawal is actioned, so payment may take up to 15 working days from receipt of this form.
- > If your account is closed, any future entitlement to Government contributions and/or compulsory employer contributions will cease, until such time as you rejoin a KiwiSaver Scheme.

The total sum of my account balance and close account

Partial withdrawal (minimum of \$100 per withdrawal)

If selecting this option:

- > You will still be entitled to any future Government contributions and/or compulsory employer contributions, if any;
- > Units will be redeemed sufficient to pay out the amount indicated below and any tax liability and other expenses, if any;
- > A minimum balance of \$500 must be maintained to keep your Lifestages KiwiSaver account open;
- > The monthly member fee will continue to be redeemed from your account, if any;
- > Units will be deducted proportionally from each investment portfolio or fund that you are invested in according to your investment profile;
- > Units will be redeemed first, from your own and any employer contributions; and second, from your Government contributions;
- > For subsequent serious illness withdrawals, we may require a new withdrawal application including evidence of your continued serious illness from your medical practitioner.

A partial withdrawal to pay out **; OR**

All but the \$500 minimum required account balance.

Section 3: Bank account details

We will make payments to a New Zealand bank account held in your name or jointly in your name. If you no longer have a New Zealand bank account we will only pay into your overseas bank account by telegraphic transfer remitted in the currency of the country in which the account resides (less any associated costs for the transfer including foreign exchange conversion). We will adjust your withdrawal amount for any tax liability.

Please pay (please tick one) To a New Zealand bank account To an overseas bank account by Telegraphic Transfer

Bank account name

Account number - - -
Bank Branch Account number Suffix

Bank Name Branch City

- Please provide evidence of your bank account details** (please tick)
(attach a pre-printed deposit slip, copy of bank statement, over-the-counter printed receipt with a teller's stamp or on-line bank statement containing the name of the bank in the header or footer)

Overseas bank details (in addition to the above details please complete the following swift and/or IBAN details if the payment is to an overseas account)

Swift number IBAN number

Section 4: Confirmation of New Zealand residency

Government contributions made to your account cannot be withdrawn until you provide a Statutory Declaration confirming whether your principal place of residence was New Zealand for the duration of your KiwiSaver membership. If you lived or worked overseas and received Government contributions, we must refund that portion back to Inland Revenue.

While you have been a KiwiSaver member (please tick one)

- New Zealand has been my principal place of residence for the entire period I have been a member of KiwiSaver; **OR**
 I was living overseas for the following periods and outside of these periods, my principal place of residence was in New Zealand.

From To From To

Section 5: Bankruptcy

Have you ever been adjudicated bankrupt or admitted to a No Asset procedure? (please tick one)

- No Yes (please provide details) Date

Official Assignee Reference/Case Number:

Section 6. Privacy policy

This form collects personal information about you.

In this privacy policy, the terms “we”, “us” and “our” refer to Funds Administration New Zealand Limited (“FANZ”) and/or our parent SBS Bank. The information collected will be used by FANZ, and SBS Bank (collectively, the “Bank”) for purposes relating to:

- > The administration, operation, management, and marketing of the Lifestages KiwiSaver Scheme, including but not limited to enabling decisions to be made regarding this form;
- > Accessing any database (including, without limitation, the New Zealand Transport Agency’s database of driver licences and the Department of Internal Affairs’ database of passports) to verify identity information;
- > Marketing goods and services provided by the Bank and its assignees or subsidiaries;
- > Communicating with you, including by way of email and other electronic or social media means, in connection with administering, financing, insuring or enforcing your accounts and any other product or service provided by the Bank to you;
- > Providing you with customer support; or
- > Enabling any party involved in your investments with us to discharge their respective administrative and regulatory obligations.

By completing this form you authorise us to access any of your contact details that may be held by SBS Bank.

Personal information is collected and stored by the Bank or its agents. We will take reasonable steps to protect personal information that is held by us from unauthorised access, use, disclosure, alteration, or destruction.

Your information will be held by the Bank at the address set out in the current Product Disclosure Statement for the Lifestages KiwiSaver Scheme, and may be disclosed:

- > To Trustees Executors Limited (“Supervisor”);
- > To your adviser and any other person we recognise as having an interest in your investments with us;
- > To related companies of FANZ, including SBS Bank and its subsidiaries or any assignees or potential assignees;
- > To Inland Revenue;
- > Where required by law;
- > As otherwise authorised by you; or
- > Where relevant for any of the purposes above.

We will not disclose your personal information to third parties except in accordance with the Privacy Act 2020 and as set out in this privacy policy.

We are bound by, and comply with, the Privacy Act 2020. Under the Privacy Act 2020, you have the right to access and to request correction of any personal information about you held by the Bank and/or the Supervisor.

You may request access to, or correction of, any personal information we hold about you by emailing our privacy officer at contact@lifestages.co.nz or, if you have an account login, by using a facility on the website that allows you to access and correct personal information we hold about you. To ensure that the information we hold about you is accurate and current, please notify us of any changes to such information as soon as possible.

We reserve the right, at our discretion, to alter this privacy policy at any time. Changes to this privacy policy will take effect immediately once they are published on the Bank’s website.

Section 7: Identification details

Your application must be submitted with one of the address options and one of the identity sets below.

Present the following original documents in person to your local SBS Bank branch or approved distribution partner. Where presentation of the original documents is not possible, please provide certified copies of original documents by a Trusted Referee. Please refer to the Document Certification table for a list on who may certify original documents.

Approved Identification Documents

Please provide one of the following sets of Name and Date of Birth Identification Documents:

- Set One – one primary identification document from Set One; **OR**
- Set Two – one primary and one secondary identification document from Set Two; **OR**
- Set Three – one primary and one secondary identification document from Set Three.

	Identity Verification – Primary (Must be signed [where relevant] and current)	Identity Verification – Secondary (Must be signed [where relevant] and current)
Set One	<input type="checkbox"/> New Zealand passport <input type="checkbox"/> Overseas passport (with photo & signed) <input type="checkbox"/> New Zealand firearms licence	– None required
Set Two	<input type="checkbox"/> New Zealand drivers licence	<input type="checkbox"/> SuperGold Card (signed) <input type="checkbox"/> NZ registered Bank/Credit card (Name embossed & signed) <input type="checkbox"/> NZ registered Bank statement issued in the last 12 months <input type="checkbox"/> Document issued by NZ Government (e.g. marriage licence) <input type="checkbox"/> Statement issued by NZ Government agency (e.g. WINZ, IRD) issued in the last 12 months
Set Three	<input type="checkbox"/> New Zealand full birth certificate <input type="checkbox"/> Overseas full birth certificate <input type="checkbox"/> Certificate of New Zealand citizenship <input type="checkbox"/> Overseas citizenship certificate	<input type="checkbox"/> New Zealand drivers licence <input type="checkbox"/> Overseas drivers licence (with photo) <input type="checkbox"/> 18+ Card/Kiwi Access card <input type="checkbox"/> SuperGold Card (with photo & signed)

Approved address verification document

Please provide one of the following Address Identification Documents:

Must be addressed to you personally and, include your current physical address, and be dated within 12 months of presentation.

Electronic copies are acceptable if they show the same physical address that they otherwise would have been posted to.

- Bank statement from NZ registered bank issued in last 12 months
- Utility Bill (Power, Phone, Internet, Gas, Water)
- Local authority rates bill
- Document issued by NZ Government authority
- Non-bank Financial Institution statement or correspondence (e.g. Building Societies and AML/CFT reporting entities)
- Letter from a New Zealand education institution
- A signed Tenancy Agreement
- Current Vehicle registration
- Insurance Policy (dwelling)
- Electronic White Pages
- Sales and Purchase Agreement
- Rest/Retirement Home statement or correspondence

Document certification

If you are unable to present original documents in person then certified copies of original documents may be presented. These must be certified by a Trusted Referee.

A Trusted Referee must be over 16 years of age and can be any of the following:

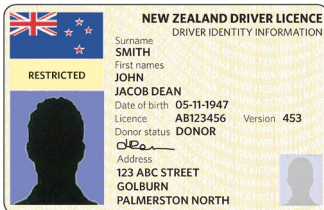
- > New Zealand Lawyer
- > Notary Public
- > Justice of the Peace
- > New Zealand Honorary Consul
- > New Zealand Chartered Accountant
- > A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

The Trusted Referee must not be:

- > Related to the customer; for example, a trusted referee cannot be their parent, child, brother, sister, aunt, uncle or cousin
- > The spouse or partner of the customer
- > A person who lives at the same address as the customer
- > A Person involved in the transaction or business requiring the certification

The Trusted Referee must sight the original document and provide a written statement to the effect that the copy provided is a true and correct copy of the original which they have sighted, and where a photograph is included, represents your identity. Certification must include the name, occupation, signature of the Trusted Referee and the date of certification. Where possible the document should be stamped or sealed noting the authority of that person (i.e. Justice of the Peace stamp). The certification must be provided to us within 3 months of its dating.

Example of certified driver licence



Must not be expired

Required Certification statement for photographic document

I certify this to be a true and correct copy of the original, which I have sighted, and the photo represents a true likeness of the individual.

Name: Jane Doe

Occupation: Justice of the Peace

Signature: J Doe

Date: 20 03 20XX

Must be dated within the previous 3 months



Example of certified address document



Must be dated within the previous 12 months

Required Certification statement for non-photographic documents

I certify this to be a true and correct copy of the original document, which I have sighted.

Name: Jane Doe

Occupation: Justice of the Peace

Signature: J Doe

Date: 20 03 20XX

Must be dated within the previous 3 months



Section 8: Medical practitioner's declaration of serious illness

Patient's details

Title Given name(s) Surname
Current postal address
 Postcode

Medical practitioner's details

I, Dr Given name(s) Surname
of (workplace and town/city)
 Postcode
Contact phone Email address

Certify that:

1. I am a registered medical practitioner with the Medical Council of New Zealand.
2. The above-named is a patient of mine and I have recently given them a full medical examination.
3. In my opinion, the above named has an injury, illness or disability (please tick the option below that applies) which:
 - results in them being totally & 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 and attach any relevant supporting information or documentation)

Medical practitioner's signature Medical practitioner's stamp
Date

Medical Council registration number

Section 9: Statutory declaration

I (full name)

Of (address)

Occupation

solemnly and sincerely declare and agree that:

1. I am applying to withdraw some or all of my KiwiSaver savings from my Lifestages KiwiSaver Scheme account. I understand that on full payment of my account balance I will no longer be a member of the Lifestages KiwiSaver Scheme and any entitlements to Government contributions and/or compulsory employer contributions will cease until such time as I rejoin a KiwiSaver Scheme.
2. I am suffering a Serious Illness as defined in the KiwiSaver Act 2006, and I am applying to the Supervisor for a withdrawal from my Lifestages KiwiSaver Scheme account as detailed in this form to be paid to the bank account as specified in this form.
3. The information given in this form in relation to the periods in which I had my principal place of residence in New Zealand, to the best of my knowledge, is true and correct.
4. I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to the Lifestages KiwiSaver Scheme.
5. I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my Lifestages KiwiSaver Scheme account including where applicable any associated costs for the telegraphic transfer of the withdrawal to be remitted in the currency of the country in which the account resides and is subject to the requirements of the trust deed and KiwiSaver Act.
6. The information provided by me in this form is true and correct. I acknowledge that the Manager and the Supervisor of the Lifestages KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
7. I understand that the Manager and/or Supervisor of the Lifestages KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
8. I understand that the Manager or the Supervisor may contact the medical practitioner providing the declaration in Section 8 for further information about my condition (if required). I consent to that medical practitioner providing my personal information to the Manager or Supervisor for that purpose.
9. I understand that the Manager and/or Supervisor of the Lifestages KiwiSaver Scheme may request additional information from me relating to this application.
10. I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or reliable, independent source.
11. I have read the privacy statement in this form.
12. I understand that once the Supervisor has received my withdrawal request, that request is irrevocable, whether it be by this form, a facsimile of this form, or any other means that may be acceptable to the Supervisor from time to time.

And 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

Before me (*Name of official witness*)

Signature of official witness

Stamp

Staff cannot take statutory declarations. A solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you. What you sign must be true. You can be prosecuted if you make a false declaration.