

QuayStreet KiwiSaver Scheme

Withdrawal Request - Serious Illness

WHERE TO SEND YOUR COMPLETED WITHDRAWAL FORM

Please either deliver your completed withdrawal form to the nearest Craigs Investment Partners branch, or post it to:

QuayStreet KiwiSaver Support
PO Box 13155, Tauranga 3141.

Phone: 0800 878 278
Email: clientservices@craigsip.com

CERTIFIED COPY

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

Serious illness means an injury, illness or disability that results in your being totally and permanently unable to do work you are suited to (because of experience, education, training or a combination of these) or illness that poses a serious and imminent risk of death.

Form Checklist

Please check that you have provided the following:



- This form with all sections completed, including the statutory declaration;
- A **certified copy** of your driver's licence or passport; and
- Please provide a pre printed deposit slip, a bank statement or a certified verification of your bank account.
- Supporting evidence from your doctor/specialist/hospital.

A Your Details

Scheme Account Number

Title *please select one*

Mr Mrs Miss Ms Dr Other _____

Full Name *first, middle and last name*

Mailing Address

Post code

Contact Phone

Email

Date of Birth

IRD Number

B Withdrawal Request

- Full withdrawal
- Partial withdrawal* *state amount required* \$

* Funds will be deducted proportionally from all holdings unless otherwise specified.

F**Confidential doctor's medical declaration of serious illness**

Please ask your doctor to complete the following declaration and provide any supporting documentary evidence from your doctor/specialist/hospital.

F1**Patient to complete**

Full Name *first, middle and last name*

Mailing Address

Post code | | | | |

F2**Doctor to complete**

I, Dr

Of (workplace)

Town/City

Work Ph

Mobile

Email

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 Disability
 4. This change in circumstance (please select one option):
 - Results in them being totally and permanently unable to engage in work for which they are suited by reason of experience, education or training, or a combination of these things.
 - Poses a serious and imminent risk of death.
- OR**
- In my opinion, the member does not meet either of the criteria above.

My opinion is based on the following brief description of the patients condition:

Signature

Date | D | D | M | M | Y | Y | Y | Y |

Stamp of medical practice

G Statutory Declaration

This section must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take a statutory declaration such as a Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament.

I, *full name*

of, *address*

Occupation

Solemnly and sincerely declare that:

1. All information provided is true and accurate.
2. I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to the Withdrawal Application and that no other person has any claim against it.
3. That this withdrawal and any subsequent withdrawals are, at the discretion of the Manager and/or Supervisor and that a withdrawal fee may be charged.
4. I indemnify the Supervisor, the Manager and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability in respect of my KiwiSaver account and any withdrawal.
5. My QuayStreet KiwiSaver Scheme does not contain any funds that were transferred either directly or indirectly (including via another New Zealand Superannuation or KiwiSaver Scheme) from a UK registered pension scheme.
6. I understand that the information supplied in this withdrawal request will be used to process my redemption and will be held by QuayStreet Asset Management Limited (and any companies in its group). I consent to my personal information being disclosed to my Investment Adviser, and administrator, auditor, tax adviser, the supervisor, custodian, adviser or agent, and the IRD or third parties as required to process my redemption or in accordance with the law. I agree that additional information may be sought from my doctor. I understand that I may request to see, and if necessary, request the correction of my personal information.
7. I understand that where my principal place of residence has not been in New Zealand, I am not entitled to Government Contributions during that period and these will be returned to Inland Revenue.

Please tick the statement that applies:

During my entire KiwiSaver membership, my principal place of residence was New Zealand.

OR

During my KiwiSaver membership, for a period of time I was living/working outside New Zealand.

I was a government employee who was serving outside of New Zealand for the below period. **Provide evidence with this withdrawal form and specify the dates below.**



I was working as a volunteer, or for a token payment, for a charitable organisation which is named and meets the requirements set out in the Student Loan Schemes Act 1992.

Provide proof that your voluntary work was one of the following reasons and specify the dates below:



To relieve poverty, hunger, sickness or the ravages of war or a natural disaster; **or**

Continued on next page.

To improve the economy of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance;
or

To raise the education standards of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance.

Other _____

Please specify below the period you were living/working outside New Zealand:

Period from | D | D | | M | M | | Y | Y | Y | Y | | To | D | D | | M | M | | Y | Y | Y | Y | |

Period from | D | D | | M | M | | Y | Y | Y | Y | | To | D | D | | M | M | | Y | Y | Y | Y | |

Period from | D | D | | M | M | | Y | Y | Y | Y | | To | D | D | | M | M | | Y | Y | Y | Y | |

I confirm that for all other periods my principal place of residence was in New Zealand.

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

Signature

Declared at *location*

On | D | D | | M | M | | Y | Y | Y | Y | |

Before me please print your name and occupation, being a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957

Name

Occupation

Signature

_____ Date | D | D | | M | M | | Y | Y | Y | Y | |