

# QuayStreet KiwiSaver Scheme

## Withdrawal Request - Significant Financial Hardship

### 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](mailto:clientservices@craigsip.com)

You can apply for a withdrawal if you feel you are likely to suffer significant financial hardship and have exhausted all other reasonable alternative sources of funds.

#### Significant financial hardship includes significant financial difficulties that arise when you are:

- > Unable to meet minimum living expenses\*, or
- > Unable to meet mortgage repayments on your family residence, resulting in the mortgagee seeking to enforce the mortgage; or
- > Unable to pay to modify your home to meet special needs if you or a dependent family member is disabled; or
- > Unable to pay for medical treatment for an illness, injury, or palliative care for you or a dependent family member; or
- > Unable to pay funeral costs for a dependent family member.
- > Suffering from a serious illness (Please complete the Serious Illness Application Form).

#### \*Minimum living expenses generally include:

- > Basic food and groceries
- > Utility bills (power, water, phone)
- > Mortgage/rent/board payments
- > Basic transport costs
- > Basic clothing
- > Expenses for any financial dependents

#### Application process

- > Once we receive your application and supporting documentation we will check them and if anything is missing we will let you know (we can't continue until we have everything we need from you).
- > If everything has been provided we will review your application and then send it to the Scheme supervisor who will make the final decision.
- > We should be able to advise you of the outcome within 15 business days, however the supervisor does have the right to request additional information which may cause delays.
- > If your application is approved we will make a payment to the bank account stated on your application form.

While you can apply to withdraw all your KiwiSaver Funds (excluding any Government Contributions), if your application is approved you will receive an amount that, in the Supervisor's opinion, is required to relieve your hardship. Generally this will cover any shortfall of your minimum living expenses for three months, plus an amount to pay any approved overdue bills or arrears.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

## Form Checklist



### 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 preceeding 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.

Please check that you have provided the following:

- The original of this form with all sections completed, including the Statutory Declaration witnessed by a person who is authorised to take a Statutory Declaration
- Certified ID** (a copy of a current passport, or a current driver licence or a current firearms licence)
- Evidence of your application for any alternative funding, showing your current entitlements or decline from:
  - > Your bank/s
  - > WINZ
  - > Inland Revenue
- Proof of wages or salary:
  - > If you are employed, copies of your payslips for the last three months
  - > If you have recently been made redundant, your redundancy letter and final payslip
  - > If you are self-employed, your most recent summary of earnings or a statement from your accountant outlining drawings from the business for the last 3 months
- Bank and credit card statements for all accounts in your and your partner's name (individual, joint and business accounts) for the last three months
- Proof of mortgage/rent:
  - > A copy of your most recent home loan statement showing the frequency and amount of the payments
  - > A copy of your Tenancy Agreement and proof of rent being paid (needs to be identifiable as rent on your bank statement)
  - > If you are boarding or flatting, you will need to contact us at [clientservices@craigsip.com](mailto:clientservices@craigsip.com) and request a Living Arrangement Form
- Overdue bills (these must be less than 30 days old and we need to be able to see the outstanding balance and your regular minimum payments):
  - > Utility bills
  - > Credit cards
  - > Car loans
  - > Personal loans
  - > Finance company loans
  - > Store cards
  - > Other overdue accounts
- Quotes:
  - > For car repairs
  - > For rental properties if you unexpectedly need to vacate your property or relocate for employment opportunities
- Funeral costs:
  - > Death Certificate or medical note from doctor confirming death
  - > Burial costs and other related funeral expenses
- Modifying your family home:
  - > Quote for repairs or a quote to modify your home to cater for your disablement or that of a dependent

## 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

## C Payment Details

 Direct to my bank account  
*Payment will only be made to a bank account in your name (held individually or jointly).*

Name of bank

Name of account

Account details

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

*Please provide a pre-encoded deposit slip, copy of bank statement or certified verification on your bank account.*





**Do you have any dependants**

Yes  No

If you have answered 'Yes' please advise how many and their ages.

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**Do you have a partner?**

Yes  No

If you have answered 'Yes' please provide bank account and credit card statements for the last 3 months for any accounts held in their name.



**Have you made a claim for Significant Financial Hardship from a KiwiSaver scheme provider in the last 12 months?**

Yes  No

If 'Yes' was the claim paid?

Yes  No

If you have answered 'Yes' please attach confirmation that you have obtained advice from a budget adviser.



**Have you been declared bankrupt?**

Yes  No

If you have answered 'Yes', please contact us on **0800 878 278**

If you would like budgeting advice, please visit the website [sorted.org.nz](http://sorted.org.nz) or call the New Zealand Federation of Family Budgeting Services on **0508 283 438** or visit the website [familybudgeting.org.nz](http://familybudgeting.org.nz)

## E Statement of Assets and Liabilities

**ASSETS** *you need to tell us about the things you and your household own and their current value*

### Property

#### Residential property

Valuation Date	Value \$
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#### Other property

*including rental or other beneficial interest*

Valuation Date	Value \$
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#### Vehicles

*eg car, boat, caravan*

*please include registration number*

Model & year	Value \$
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Model & year	Value \$
--------------	----------

Model & year	Value \$
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### Accounts

#### Bank accounts

Balance \$
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BANK	BRANCH	ACCOUNT NUMBER	SUFFIX
------	--------	----------------	--------

Balance \$
------------

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX
------	--------	----------------	--------

Balance \$
------------

BANK	BRANCH	ACCOUNT NUMBER	SUFFIX
------	--------	----------------	--------

#### Other accounts

*eg credit union, building society*

Account type	Balance \$
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### Other assets

#### Household goods

Value \$
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#### Life insurance/ superannuation policies

Company	Surrender Value
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\$
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Company	Surrender Value
---------	-----------------

\$
----

Company	Surrender Value
---------	-----------------

\$
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#### Money owed to you

By	Value \$
----	----------

#### Other assets

Shares	Value \$
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Debentures	Value \$
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#### Other

*eg bonus bonds, loans, personal*

*belongings, beneficial interest in a Trust*

Value \$
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### Total assets (A)

\$
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## LIABILITIES/DEBTS *you need to tell us about the debts you and your household have*

### Mortgages, Loans and bank accounts

<b>Mortgages</b>	Bank/institution	Value \$
	Bank/institution	Value \$
<b>Loans</b>	Bank/institution	Value \$
	Bank/institution	Value \$
<b>Bank overdraft</b>	Bank/institution	Limit \$
	Bank/institution	Limit \$

### Credit cards / Store cards

<b>Credit cards</b>	Type	Limit \$
	Type	Limit \$

### Other debt

<b>Hire purchases</b>	Item	Balance to pay \$
	Date purchased   D   D   M   M   Y   Y   Y   Y	Finish Date   D   D   M   M   Y   Y   Y   Y
	Item	Balance to pay \$
	Date purchased   D   D   M   M   Y   Y   Y   Y	Finish Date   D   D   M   M   Y   Y   Y   Y

### Trade accounts

	Account name	Value \$
	Account name	Value \$
	Account name	Value \$
<b>Other debts</b> <i>eg with Dept for Courts, Dept of Work and Income</i>	Name of debt	Value \$
	Name of debt	Value \$

**Total liabilities (B)**

\$

## F Statement of Income and Expenditure

### INCOME

Enter all sources of income after tax including details of your spouse or partners income.

To convert monthly income to weekly income, multiply by 12 and divide by 52 weeks and put this figure in the weekly column.

#### Weekly income *after tax*

##### Employment

	Monthly	Weekly
Salary/wages/pension/drawings	\$	\$
Part-time work	\$	\$
Spouse or partner's income	\$	\$
Self-employed income	\$	\$

##### Other income

Child support received	\$	\$
Working for Families Tax Credits*	\$	\$
Department of Work and Income benefit/ superannuation	\$	\$
Rent/board received	\$	\$
Interest/dividends	\$	\$
Other <i>specify</i>	\$	\$

#### Total weekly income (C)

\$

### EXPENSES

Enter all expenses, including details of spouse or partner's expenses.

Attach certified copies of payment demands for accounts that are in arrears.



#### Weekly payments

##### Living costs

	Weekly
Food/groceries	\$
Rent/board/mortgage	\$

##### Other costs

Bus/train/petrol	\$
Childcare/school expenses	\$
Child maintenance payments	\$
Other <i>specify</i>	\$

#### Total weekly payments (D)

\$

\*Previously known as family assistance

## Monthly payments

To convert monthly payments to weekly payments, multiply by 12 and divide by 52 and put this figure in the weekly column

### General costs

	Monthly	Weekly
Gas/electricity	\$	\$
Telephone/mobile	\$	\$
Clothing	\$	\$
Hire purchase payments	\$	\$
Credit cards	\$	\$
Other <i>specify</i>	\$	\$
<b>Total monthly payments (E)</b>		<b>\$</b>

## Annual payments

To convert annual payments to weekly payments, divide by 52 and put this figure in the weekly column

### General costs

	Monthly	Weekly
Vehicle insurance <i>eg car, boat, caravan</i>	\$	\$
Vehicle registration/warrant	\$	\$
House and contents insurance	\$	\$
Rates	\$	\$
Medical insurance/expenses	\$	\$
Life insurance/superannuation	\$	\$
Other <i>specify</i>	\$	\$
<b>Total annual payments (F)</b>		<b>\$</b>

### Office use only Calculation:

Income (Box C) less expenses (Box D + Box E + Box F)

Balance \$

## **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*

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of, *address*

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Occupation

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### **Solemnly and sincerely declare that:**

1. All information provided in this form is complete, 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. I understand this withdrawal and any subsequent withdrawals are, subject to the Manager and/or Supervisor being satisfied I am eligible 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 application.
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 understand that I may request to see, and if necessary, request the correction of my personal information.
7. I understand that my withdrawal value will be based on the unit/share price on the day my request is processed and may fluctuate.

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

Signature

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Declared at *location*

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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

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Occupation

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Signature

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

### **POWER OF ATTORNEY**

If this form is signed under Power of Attorney, please contact Craigs Investment Partners before you sign it. We will send you the appropriate Certificate of Non-Revocation of Power of Attorney that must be signed by you when you sign the Withdrawal Request form.