

QuayStreet KiwiSaver Scheme Withdrawal Request - Significant financial hardship as a result of COVID-19

WHERE TO SEND YOUR COMPLETED WITHDRAWAL FORM

Please email your completed form to: clientservices@craigsip.com

Please post the original form once the government has lifted the COVID-19 Level to 2 or below to:

Client Services Team

Craigs Investment Partners
Freepost 366, PO Box 13155,
Tauranga 3141.

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.

There are a range of options for people in hardship as a result of COVID-19, including the Government's wage subsidy scheme, wider package for businesses, tax relief and banks coronavirus assistance offerings and we would encourage you to explore these options before applying for a Significant Financial Hardship withdrawal. To find out more visit <https://covid19.govt.nz/government-actions/financial-support/>

If you are employed, you may be able to apply to Inland Revenue for a savings suspension to stop future employee and employer contributions coming out of your pay.

To apply for a savings suspension, visit kiwisaver.govt.nz/already/change-contrib/savings-suspension/

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).

What you need to do

- > Complete the application form.
- > Collect all the supporting documents listed in the checklist on page 2 of this form
- > Take a picture of yourself with your identity documents to allow us to verify it or provide us with permission to electronically verify you (see page 2).
- > Get the Statutory Declaration completed.
- > Email us the application form and all other supporting documents required.

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 will advise you of the outcome as soon as possible, however the Supervisor does have the right to request additional information.
- > 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 Government contributions), if your application is approved you will receive an amount that, in the Supervisor's opinion, is required to relieve your hardship.

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

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 or copy of bank statement.



D Identity and Address Verification

> Please provide a photo of you holding your current NZ Driver Licence or NZ Passport (open on the photo page). We will need to clearly see the photo on your ID,

or, we can identify you electronically:

1. **Electronically** - Please indicate below if you authorise us to verify your identity and residential address electronically and also **provide us with** a copy of the document you select below - either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising QuayStreet Asset Management to use your personal information to verify your identity and residential address electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

IF ELECTRONICALLY please provide details for **one** of the following:

NZ Passport

NZ Passport Number

Expiry Date

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

NZ Driver Licence

NZ Driver Licence Number

Card Version
Number

Expiry Date

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

We will contact you if we are unable to verify your identity information electronically

I authorise QuayStreet Asset Management to electronically verify my identity and residential address.

E Checklist

Include as much supporting information with this application as you can to assist the Supervisor - including:

- > Your last month's pay slip or details of your termination or reduced income;
- > Your latest month's bank statement;
- > Your latest mortgage, and a note whether any mortgage assistance is available;
- > Your latest financial statements (if applicable), other supporting documentation as available supporting any arrears or overdue amounts;
- > Any other evidence as to how you or your business have been affected by the Covid-19 Epidemic;
- > All reasonable and direct one-off costs to facilitate your or your family's repatriation to New Zealand, such as flights and hotel accommodation;
- > All reasonable and direct costs to be paid out to support your or your family's self-isolation, such as additional accommodation;
- > All reasonable and necessary one-off costs associated with enabling you or a family member to work from home.

It is understood that as a result of self-isolation, illness or the Government-related lockdown some information may not be available.

Provide any additional information to assist processing of your claim including how these items have been affected by the Covid-19 Epidemic. For example, if your employment has changed, then indicate this on the next page; include any amounts received as income from Government Financial Support Package; include impact of any concession from Bank regarding mortgage repayment holidays.

E1 Have you been adjudicated bankrupt or admitted to a No Asset Procedure?

No

Yes *please provide details*

Have you been declared bankrupt?

No

Yes *please contact us on 0800 878 278*

*We will accept a Statutory Declaration which has been witnessed remotely by a barrister or solicitor, we have included a certificate at the end of this document for the barrister or solicitor to complete, sign and email to you and this should be included with your documentation.

HOW TO FIND A BARRISTER OR SOLICITOR.

You can visit the law society website: lawsociety.org.nz.

F Statutory Declaration

Please do not complete this section prior to your entitlement date.

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 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 Craigs 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 Craigs Investment Partners Superannuation 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 if I withdraw my total balance and have not indicated otherwise, my account will be closed and I will be ineligible to open a KiwiSaver account in the future.
8. 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 the Inland Revenue.
9. I understand that my withdrawal value will be based in the unit/share price on the day my request is processed and may fluctuate.

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.

Continued on next page.

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
- 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.

A digital signature can be inserted

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

A digital signature can be inserted

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

Certificate Concerning Administration of Oath or Declaration

I, *full name*

of, *address*

Occupation

certify as follows:

1. On [time and date] I was asked by a person [known to me as/who identified themselves to me as] [deponent's name appearing in the oath/declaration] ("the deponent") to administer that person's [oath/declaration/affirmation] on a document described to me as.
2. Because of the mandatory isolation requirements and restrictions on movement resulting from the government's Covid-19 virus Alert Level 4, and the consequences of the Epidemic Preparedness (Covid-19) Notice 2020 issued by the Prime Minister on 25 March 2020, I was not present with the deponent when I was asked to administer that person's [oath/declaration].
3. I attended to a form of attestation adopting the following procedure:
 - (a) The deponent and I met by audio-visual link at [eg 10am on Tuesday 31 March 2020]. The audio-visual link system we used was [eg Zoom/Skype];
 - (b) I asked the deponent to identify him/herself to me by name and to hold up to the camera his/her photograph and personal identification page from his/her passport. I observed the [eg passport/driver's licence] and satisfied myself that the person in the photograph was the person meeting with me by [eg Zoom/Skype];

[Alternatively, I know the deponent because [e.g. they are a regular client of mine and have been for the last 10 years.]
 - (c) I asked the deponent to expose to the camera the document intended to be attested including the declaration itself and the exhibits. I observed the document to be the unsigned declaration of [deponent].
 - (d) I then watched the deponent place the document down on a desk in view of the camera and I witnessed the deponent signing the jurat page and initialling each preceding page. The deponent held each page of the signed or initialled document up to the camera. I then asked the deponent to scan the document and send it to me. I received it at [time and date];
 - (e) I was satisfied that this was the same document that I had seen the deponent sign, as far as it was possible for me to do so by following these procedures. I attested a copy of the scanned document and then sent it back to the deponent.
9. I am unaware of any circumstances to show either that:
 - (a) The deponent was not the person identified to me; or
 - (b) The signature on the document was not the deponent's signature.

A digital signature can be inserted

Signature of Barrister and Solicitor

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

A digital signature can be inserted

Signature

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