

Serious Illness Withdrawal Form



You can scan the completed application form and other listed requirements and email them to support@goalsgetter.co.nz or post them to:

GoalsGetter KiwiSaver Scheme
PO Box 3892, Shortland Street, Auckland 1142

Checklist

Your application needs to include the following:

- ☐ your completed, signed application form
- ☐ your original statutory declaration signed by you, and witnessed by a person authorised to take statutory declarations
- ☐ certified copies of proof of identity and address
- ☐ proof of bank account for payment of the withdrawal, if approved

Your health practitioner needs to complete and sign the Health Practitioner's Certification as to Serious Illness and return it to us directly.

If you provide all the requested details with your application, the process including consideration of your application, may take up to 5 business days. If we need to ask you for any additional information, this will cause delays in approval, so it's important you read this application form, including the checklist, and complete it correctly and fully.

Your Personal details

Title:

First name(s):

Surname:

Home address:

Street:

Suburb:

City:

Postcode:

Postal address (if different from
above):

Street:

Suburb:

City:

Postcode:

Contact Phone:

Email:

Date of Birth (dd/mm/yyyy):

IRD number:

Withdrawal Details

Amount of withdrawal

☐ Withdrawal of my full available balance

☐ Partial withdrawal of \$

Payment Details

Bank Account Details

We can only pay your withdrawal to your New Zealand bank account, and we can't pay to third parties.

Name of bank account holder:	
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Bank	Branch	Account	Suffix

Proof of Bank Account

Please provide proof of the nominated bank account name and number:

- a pre-printed deposit slip
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank included on the statement

Identification and Proof of Address

As part of your application, you must provide copies of your ID and proof of address. All photocopied documents must be certified by an authorised person (see below) before sending them to us.

Please provide us with either:

- a copy of your current passport (page showing your name, date of birth, photograph and signature), or-a copy of your current driver licence showing your name, signature and expiry date, AND a bank account statement or document that contains your full name and addressed to you by a New Zealand registered bank within the last 3 months, or statement from any New Zealand government department addressed to you dated within the last 3 months, or New Zealand SuperGold card, or birth certificate, or
- a copy of your current firearms licence.

AND one of the following issued and dated within the last 3 months, showing your name and current residential address:

- Bank statement
- Utility bill (e.g. power or home phone bill)
- Rates bill
- Letter or statement from a NZ government agency

Who can certify your documents?

The following people can certify photocopies of original documents as true and correct copies:

- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

Please note that the certifier must be at least 16 years of age and cannot be:

- a person involved in the transaction requiring the certification
- related to you
- your spouse or partner
- a person who lives at the same address as you.

Copies of ID and proof of address must be recently certified (in the previous three months) as a true copy of the original which represents your identity by one of the people listed above.

Eligibility for Member Tax Credits

To be eligible to withdraw member tax credits you have received during your KiwiSaver membership, you must have had your principal place of residence in New Zealand over that time. Please complete the following question to assess your eligibility. If you lived or worked overseas and received member tax credits, we're required to refund that portion of the member tax credits to IRD.

During your KiwiSaver membership, were there any periods when you lived overseas and did not have a permanent residence in New Zealand? Going overseas on holiday, even for several months is not considered a change of principal residence.

☐ No

☐ Yes

If yes, list the periods when you lived overseas and did not have a permanent residence in New Zealand:

I lived in	from	to
I lived in	from	to
I lived in	from	to

Please note that if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you continue to be eligible for member tax credits during those periods of time overseas. If this applies, please provide evidence with your application, such as a letter on your employer's (or former employer's) letterhead confirming the period you were employed overseas.

Agreement

- ☐ I understand that if I withdraw my full balance, my KiwiSaver account will be closed, and I will no longer be a member of KiwiSaver.
- ☐ I understand that if I have funds transferred from an Australian complying superannuation fund, and I am paid a partial withdrawal, the withdrawal must be applied to my KiwiSaver funds first.
- ☐ I understand that the Supervisor of the GoalsGetter KiwiSaver Scheme may contact the doctor providing the declaration on page 7 to gain clarity of my condition if required for the purpose of assessing my application. I consent to that doctor providing my personal information to the Supervisor for that purpose.

Signature:	
Date:	

Statutory Declaration

A statutory declaration is a written statement that allows a person to declare something to be true. You'll need to complete this page in front of an authorised person. You'll make the declaration, and the person witnessing will take the declaration.

Who can witness the declaration?

The following persons can witness you making the declaration:

- Notary Public
- Justice of the Peace
- Person enrolled as a barrister and solicitor of the High Court
- Registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- Member of Parliament
- Any other person authorised by law to take statutory declarations

I, Full Name of person making the declaration (the member)
of, Address
Postcode
And, Occupation

solemnly and sincerely declare that:

- I understand that if I have not had a principal place of residence in New Zealand at any time during my KiwiSaver membership, I will not be entitled to withdraw any member tax credits received during that same period. Any member tax credits claimed on my behalf during any such period will be returned to the Commissioner of Inland Revenue.
- The information I have provided in this form and any attachments is true and correct and complete.
- I acknowledge that the Privacy Act 1993 gives me the right to access and request correction of personal information held by Amova AM, Public Trust and their associated entities and agents. The information will be held securely by Amova AM whose

address is Level 17, Vero Centre, Auckland 1010, New Zealand and Apex Investment Administration (NZ) Ltd, whose address is Level 25, QBE Centre, 125 Queen Street, Auckland 1010, New Zealand. I understand that the information supplied will be used to process my withdrawal request from the GoalsGetter KiwiSaver Scheme (and may be disclosed for these purposes to third parties where relevant). The information may also be used by Amova AM, Public Trust and their associated entities and agents to offer me other products or services it thinks may be of interest. I acknowledge that the information, and any information provided by me at later dates will be used and may be shared as outlined in our privacy statement on our website at nz.Amova-am.com.

- I indemnify the supervisor of the GoalsGetter KiwiSaver Scheme, Amova AM and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of my membership of the GoalsGetter KiwiSaver Scheme and/or any withdrawal payment made.
- I confirm that 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 this withdrawal form and that no other person has any claim against it.

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

Signature of the person making the declaration (the member)

Declared at (location)

Date

Before me: (the person in front of whom the declaration is made)

Full Name of person taking the declaration (the witness)

Address

Postcode

Signature of the person taking the declaration (the witness)

Health Practitioner's Certification as to Serious Illness

Patient's full name	
Patient's date of birth	

Patient's residential address			
Street			
Suburb			
City		Postcode	

I, Health Practitioner's Full Name			
Of, (address of medical practice)			
		Postcode	
Contact Number			
Email			

Confirm that:

1. I am a health practitioner registered with either the Medical Council of New Zealand or the Nursing Council of New Zealand and the assessment covered by this certification is within my scope of practice
2. The above-named is my patient and I've recently conducted a full medical examination on him/her
3. In my opinion, the patient has an injury, illness or disability that: (please select one option)
results in him or her being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education or training, or any combination of those things, or

poses a serious and imminent risk of death (within the next 12 months)

OR

In my opinion, the patient does not have an injury, illness or disability that satisfies either of the criteria above

I form this opinion based on (detailed summary of condition - including date of diagnosis and treatment in place)

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Registered health practitioner's signature	Registered health practitioner/practice stamp
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Date
Medical or Nursing Council Registration number