

# Serious Illness Withdrawal Form

If you would like help in completing this form, please email [kiwisaver@fisherfunds.co.nz](mailto:kiwisaver@fisherfunds.co.nz) or phone us on **0800 FF KIWI (0800 335 494)**.

You can complete this form on-screen by typing directly into each field. Once you have completed this form:

- If you have selected Option 1 as your preferred identification method and the value of your withdrawal is under \$50,000 you can email your completed application to [kiwisaver@fisherfunds.co.nz](mailto:kiwisaver@fisherfunds.co.nz)
- If you have selected Option 2 as your preferred identification method you must post your application and supporting documents to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or send by courier to **Fisher Funds Management Limited, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622**.
- If the value of your withdrawal is over \$50,000 you must post or courier your application and supporting documents to us.

## Who should complete this form?

Please use this form to apply for a withdrawal from your Fisher Funds KiwiSaver Scheme or Fisher Funds TWO KiwiSaver Scheme account ("KiwiSaver account") if you are suffering a serious illness.

Serious illness means 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, or training, or any combination of those things; or
- that poses a serious and imminent risk of your death.

**If your withdrawal is to assist with gastric surgery, please contact us on 0800 335 494 to confirm this is the correct form for your situation.**

## Section 1: Your Details

Title

First Name/s

Surname

Date of Birth

 /  / 

KiwiSaver Account No.

IRD Number

Prescribed Investor Rate (PIR) (please tick one)

10.5%

17.5%

28%

To work out your PIR, or for more information, visit [fisherfunds.co.nz/pircalculator](http://fisherfunds.co.nz/pircalculator) or call us on 0508 347 437.

If your selected PIR differs to the rate we have on file, the change will require 1 business day to update before your withdrawal can be processed. If you do not select a PIR, your withdrawal will be processed at the rate we hold on file for this account.

Address

City

Country

Postcode

Home Phone

 ( ) 

Work Phone

 ( ) 

Mobile

 ( ) 

Email Address

## Section 2: Identification Options

Your withdrawal request must be submitted with one of the identification options set out below. We may have your identification documents on file, please contact us to confirm this. We may need to request new identification documents from you.

### Option 1 – Electronic identity verification

Fisher Funds has the ability to electronically verify your identity and address. Once we have received your withdrawal request we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following:

- » New Zealand Passport
- » New Zealand Drivers Licence
- » Australian Passport
- » Australian Drivers Licence

If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.

### Option 2 – Certified copies of identity documents and proof of residential address

Please provide a certified copy of your identity documents and proof of your residential address. Refer to Sections 3 and 4 for information on acceptable identity documents and who can certify them.

**Preferred identification method** — please select one of the following options:

- Option 1 – I would like Fisher Funds to electronically verify my identity
- Option 2 - I would like to provide Fisher Funds with certified copies of my identity documents

## Section 3: Certified Identity Documents

If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

**We are only able to accept original certified copies of certified ID (i.e. the copy that has been physically certified). These documents must be posted to us, our postal address is on page 1.**

### OPTION A: (preferred)

Passport (containing name, date of birth, photograph and signature)

OR

New Zealand Firearms Licence

OR

New Zealand Driver Licence (front and back)

### OPTION B:

Full Birth Certificate

AND one of the following

18+ Card/Kiwi Access Card

OR

Overseas Drivers Licence

*\* If you are supplying foreign identity documents you must also supply proof of New Zealand residency to enable us to confirm your eligibility to join / have joined KiwiSaver.*

**Your photo identification must be current (not expired). If you're unable to provide the above documentation please contact us to discuss other options.**

A Fisher Funds representative can verify your identity documents if you visit our office.

## How to have your ID correctly certified



I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe  
 Occupation: Justice of the Peace  
 Date: 18/08/2020  
 Signature: [Signature]

### Photocopy ID at 150%

So the details are legible.

Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

Please note: Certification is valid for three months and must have been carried out within three months of this application.

Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

## Section 4: Proof of Address

If you have selected Option 2 as your preferred identification method please provide proof of your residential address as set out below. Your proof of address doesn't have to be certified. If you selected Option 1 you do not need to provide proof of address.

### Current physical address

Can't be a PO Box number.

#### XYZLOGO

Mr Joe Smith  
 58 Green Street  
 Takapuna  
 AUCKLAND 1023  
 New Zealand

#### Statement of Accounts

Your Account(s) at a glance as at 19 XXXX 2020

### Dated in the last 12 months, an invoice, statement, letter or contract from:

- » utility provider e.g. water, power, phone
- » professionals e.g. accountant, doctor
- » service providers e.g. Sky TV, insurance
- » government e.g. IRD, WINZ, rates notice
- » current employer e.g. payslip
- » bank correspondence or statement
- » tenancy agreement

Please note: We cannot accept a statement/correspondence from Fisher Funds as proof of your address.

## Section 5: Payment Details

We will only make payments in New Zealand dollars to either a New Zealand bank account or an international bank account held in your name either individually or jointly (the cost of an international transfer is paid by the member). Any payment will be adjusted for tax at the notified Prescribed Investor Rate (PIR) on your account.

Name of Account

Account Details

Bank

Branch

Account Number

Suffix

Bank/Branch Address

### Please provide proof of your bank account (one of the following)

- » Bank statement
- » Internet banking screenshot
- » Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

## Section 6: Confirmation of New Zealand Residency

If you have previously completed the following confirmation of New Zealand residency and statutory declaration you do not need to do it again.

When you request a KiwiSaver withdrawal for any reason, you must complete a statutory declaration confirming whether your principal place of residence was New Zealand for the period of your KiwiSaver membership. Going overseas on a holiday, even for several months is not considered a change of principal residence, however if you lived or worked overseas and received KiwiSaver Government contributions, we must refund that portion of the Government contributions back to Inland Revenue.

I confirm that for the period that I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

From

To

From

To

From

To

From

To

OR

My principal place of residence has been New Zealand for the entire period I have been a KiwiSaver member

## Section 7: Bankruptcy

Have you ever been adjudicated bankrupt or admitted to a No Asset procedure?

Yes

No (go to section 8)

If 'Yes', please provide details:

Date

Official Assignee Reference/Case Number

## Section 8: Privacy Statement

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to provide services in relation to your withdrawal request. 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. You have the right to access the information held by us and you may also request that it be corrected.

## Section 9: Statutory Declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed in front of an authorised person who will witness the declaration.

**Please note, your Practitioner cannot sign the Statutory Declaration as per the Oaths and Declarations Act 1957, Clause 9.**

### Who can witness me making the declaration?

The following people can witness you making the declaration

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the high court

I,

*Name of KiwiSaver member*

of

*Address*

*Occupation*

### solemnly and sincerely declare that:

- I am suffering a Serious Illness as defined in the Act, and I am applying to the Supervisor for withdrawal from my KiwiSaver account as detailed in this form to be paid to the bank account as specified in this form.
- I understand that acceptance of this application is at the discretion of the Supervisor.
- I understand that on full payment of my KiwiSaver account, my account will be closed and I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to my KiwiSaver account.
- I understand that the Manager and/or Supervisor may request additional information from me relating to this application.
- I understand that my withdrawal value may 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 KiwiSaver account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Supervisor 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 omission)*.
- I understand that the Manager and/or Supervisor will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.

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

Your Signature

### Declared at

Address

Date

/  /

### Before Me

Name

Signature

## Section 10: Practitioner's Declaration of Serious Illness

### Patient Details

Title	First Name/s	
<input type="text"/>	<input type="text"/>	
Surname	Date of Birth	
<input type="text"/>	<input type="text" value="/ /"/>	
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Practitioner Details

I (Full Name)

Address

City Country Postcode

Contact Phone Email Address

( )

Certify that:

- I am a registered medical practitioner with the Medical Council of New Zealand or registered nurse practitioner with the Nursing Council of New Zealand.
- The above-named is a patient of mine and I have recently given them a full medical examination.
- In my opinion, the above named has an injury, illness or disability (*please select 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 (please provide a detailed diagnosis):

### Note

The Supervisor may require additional information from you if it considers the information supplied is insufficient to enable it to make a decision. In this case we will contact you directly.

Practitioner's Signature

Practitioner's Stamp

Date

## Checklist

Please complete the checklist below and supply the relevant documents to support your request.

- Complete Sections 1-5.
- Provide proof of bank account (*refer to Section 5 for our requirements*).
- Select a preferred identification method in Section 2 and provide evidence (*refer to Sections 2, 3 & 4*)
- Complete the confirmation of New Zealand residency in Section 6.
- Confirm if you have ever been adjudicated bankrupt in Section 7.
- Complete the statutory declaration in Section 9 in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take statutory declarations. **Please note, your Practitioner cannot sign the Statutory Declaration as per the Oaths and Declarations Act 1957, Clause 9.**

You can find a Justice of the Peace near you by visiting the New Zealand's Justices' Association website [www.jpfed.org.nz](http://www.jpfed.org.nz) or Yellow Pages [www.yellow.co.nz](http://www.yellow.co.nz). He/she will be able to certify your ID and witness your statutory declaration. You can also call Yellow's Directory Assistance on 018 (*note charges up to about \$1 apply*).

- Your Practitioner or specialist must complete the declaration in Section 10.
- Provide the original of this completed form (only if you have selected Option 2 as your preferred identification method or the value of your withdrawal is over \$50,000)

### Note

The Supervisor may require additional information from you if it considers the information supplied is insufficient to enable it to make a decision. In this case we will contact you directly.