Westpac KiwiSaver Scheme Life-shortening Congenital Condition Withdrawal Application



How do I qualify?

To be eligible for this type of withdrawal, you must have been born with a life-shortening congenital condition that is either:

- 1. A **Listed Condition** one of the following:
 - · Down syndrome
 - · Cerebral palsy
 - · Huntington's disease
 - · Fetal alcohol spectrum disorder
- 2. Not one of the congenital conditions listed above but you can provide medical evidence to show that the congenital condition is expected to reduce life expectancy, for you or people in general with the condition, below the New Zealand superannuation qualification age of 65 (a Non-Listed Condition).

Important: The KiwiSaver Act 2006 (KiwiSaver Act) will consider you to be of retirement age from your withdrawal date. This means that, from the date you make a withdrawal, you can access KiwiSaver, but you'll no longer be eligible for government contributions or compulsory employer contributions. This withdrawal may also impact any social assistance that you're currently receiving.

What can I withdraw?

If eligible, you can withdraw some or all the available balance in your Westpac KiwiSaver Scheme account.

When can I expect payment?

Once you've submitted your completed application form and all supporting documents, an assessment will be conducted by the Supervisor, the New Zealand Guardian Trust Company Limited. We'll let you know the outcome of your withdrawal request. Generally, if approved, your withdrawal amount will be paid to your nominated bank account within 10 business days of your request being approved.

Important: Incomplete or missing documents will result in your application being delayed or declined.

How do I apply?

- 1. Complete all sections of this form.
- 2. Review 'Your checklist' to ensure you have everything you need.
- 3. Once completed, send us your form and supporting documents:

Courier: Westpac KiwiSaver Scheme, Level 4 Cityside, Westpac on Takutai Square, 53 Galway Street, Auckland, 1010 **Post:** Westpac KiwiSaver Scheme, PO Box 934, Auckland, 1140

Visit: Any Westpac branch

Your checklist

Plea	ase ensure that you provide us with all the following:
	Your fully completed application form.
	Check your statutory declaration has been completed, signed and witnessed by a person authorised to take statutory declarations.
	A signed medical practitioner's certificate (attached to this form) - you don't need to provide a medical certificate if you've made a life-shortening congenital condition withdrawal before.
	A certified copy or original bank statement/deposit slip, if the bank account you've provided is not a Westpac New Zealand bank account.
	Certified copy of acceptable identity documentation (such as the photo and signature pages of your current signed passport, or both sides of your current New Zealand driver licence).
	Certified copy of proof of address showing your name (such as a recent rates, power or phone bill). This can't be from Westpac and must be dated within 12 months of

Documents must be received by Westpac within 3 months of being certified. For a full list of acceptable identification and proof of address, go to **westpac.co.nz/AML**

What's a certified copy?

your application.

A certified copy is a copy of an original document on which an authorised person (such as a Justice of the Peace, solicitor or other legally authorised person) has confirmed it is a true copy of the original. All certified copies must include:

- · The certifier's name, occupation, signature and date.
- The following or equivalent wording: "I certify this to be a true copy of the original document as sighted by me on [date]"
- For identity documents only, add: "and it represents the true likeness and identity of the individual"

The certifier can't be: someone you're related to, your spouse/partner, or someone who lives at the same address.

Need help?

If you're not sure whether you qualify, need help completing this form or would like an update on your application, call **0508 972 254** (+**64 9 375 9978** from overseas) weekdays between 8.30am and 5pm. Alternatively, email us at **kiwisaverhelp@westpac.co.nz**

Westpac branch use – branch checklist	Branch name	Staff name
Form is complete Customer is AML of	ompliant, current ID an	d proof of address has been verified/certified and loaded into Sales Customer (Assist)

We'll update your address and PIR details if they differ from our records. We won't update your phone and/or email details unless we have none on file or you tick the box below: Update my details: update my phone number and/or email details so all future Westpac KiwiSaver Scheme and general Westpac correspondence goes to the below: Other (please specify) Date of birth Name FIRS Physical address NUMBER & STREET Postal address (if different) NUMBER & STREET Phone HOME Email IRD number S Westpac KiwiSaver Scheme member number Find it in online banking or on your statement. Prescribed Investor Rate (PIR) 10.5% 17.5% 28%. Find yours at ird.govt.nz/pir Email is our preferred way to contact you as it's a faster way to communicate with you. Your withdrawal request I would like to (please tick only one): Withdraw my full available balance. If you select this option, then when your withdrawal is complete your account will be closed and you'll no longer be a member of the Westpac KiwiSaver Scheme. Make a partial withdrawal of \$ (minimum of \$500 per withdrawal). If you select this option, any future withdrawal requests will require further documentation and/or a new application. If you're invested in more than one fund, the withdrawal will be deducted proportionately across each of the funds you are invested in. Please contact us if you would like the withdrawal to be deducted differently. Your payment details Please provide us with a New Zealand bank account that is either solely or jointly held in your name (i.e. not a Trust account or business account). If approved, the withdrawal will be paid to your nominated account. If the bank account below is not a Westpac New Zealand bank account, you'll need to supply a certified copy or original bank statement/deposit slip. Account holder's name Account number SUFFIX

Privacy statement

BANK

BRANCH

Your details

The personal information which you provide in (or in connection with) this form will be held securely by BT Funds Management (NZ) Limited (Manager) and/or The New Zealand Guardian Trust Company Limited (Supervisor), at the address of the Manager and/or Trustees Executors Limited (the registry provider), and may also be disclosed to Westpac Banking Corporation ABN 33 007 457 141 (Westpac), Westpac New Zealand Limited (Westpac NZ) and any other entity that is involved in the administration and management of the Westpac KiwiSaver Scheme (including Inland Revenue and any regulatory body). You have the right to access and correct this information subject to the provisions of the Privacy Act 2020. Your personal information may otherwise be collected, used and disclosed in accordance with Westpac's Privacy Policy (available at westpac.co.nz/privacy). You agree that the Manager and the Supervisor may request additional information from you or the medical practitioner involved in this application to gain clarity on your condition if required, and you consent to the medical practitioner providing your personal information to the Manager and/or the Supervisor for that purpose.

ACCOUNT NUMBER

Statutory declaration

Not required if you've already made a life-shortening congenital condition withdrawal.

1. Eligibility to withdraw government contributions

For any period(s) during your KiwiSayer membership when New Zealand was not your principal place of residence, any government contributions claimed

on your behalf will be deducted from your withdrawal amount and returned		y government contributions claimed
During your KiwiSaver membership, were there any periods when you lived (Please tick only one.)		place of residence in New Zealand?
No (Continue to the 'Your statutory declaration' section below.)		
Yes (Please list below, excluding any overseas holidays where you rem declaration' below.)	ained a New Zealand resident. Then conti	nue to the 'Your statutory
I lived in	from Date DD / MM ,	/ YYYY to Date DD / MM / YYYY
I lived in	from Date DD / MM /	/ YYYY to Date DD / MM / YYYY
I lived in	from Date DD / MM ,	/ YYYY to Date DD / MM / YYYYY
$^{\star}\mbox{lf}$ you were working overseas as a government employee or as a charity volunteer, you		tions. Please provide evidence with your
application, such as a letter from your employer confirming the period you were emp	ployed.	
2. Your statutory declaration It must be completed and signed in front of a Justice of the Peace, a solicito	r or other person authorised to witness a	statutory declaration. Westpac staff
cannot witness this statutory declaration.	i, or other person authorised to withess a	statutory deciaration. Westpac stair
INAME	OCCUPATION	
of ADDRESS		
Solemnly and sincerely declare that:		
 I have read and understood the Privacy Statement. All the information provided in this form (and any included materials) is true and complete. I understand that if the information in my application is incomplete or incorrect, the Manager of the Westpac KiwiSaver Scheme will not be able to complete its assessment of my application. I understand that approval of this application is at the discretion of the Supervisor of the Westpac KiwiSaver Scheme, The New Zealand Guardian Trust Company Limited. I have met the eligibility criteria listed in the 'How do I qualify?' section. I understand that this early withdrawal may impact any social assistance that I am currently receiving (if applicable), and I indemnify the Manager and/or the Supervisor of all or any consequences this withdrawal may have in relation to my current benefits. And I make this solemn declaration conscientiously believing the same to be 	65) and I understand this means the government contributions or comprelation to my future contributions. I understand that my withdrawal value applying at the date that my withdribe subject to change. It can be affer rebates or deductions, additional contribution. I agree that, if I withdraw my full account will be closed, and I will no longer be KiwiSaver Scheme.	rm, I'll be considered as having coses of the KiwiSaver Act (currently at I'm no longer eligible to receive ulsory employer contributions in (if any). Ilue will be based on the unit price(s) awal request is processed, so may cted by market volatility, PIE tax contributions received and eligibility s. Count balance, my account e a member of the Westpac
My signature	Declared at TOWN/CITY	Date DD / MM / YYYY
Before me (Justice of the Peace, solicitor, Notary Public or other person au Declarations Act 1957):	uthorised to take a statutory declaration i	n accordance with the Oaths and
Signature of witness		
Name of witness		STAMP

Date DD / MM / YYY

Declared at TOWN/CITY

Occupation

Medical Practitioner's Certificate





This must be completed by a Medical Practitioner. Please ensure you attach this confidential Medical Practitioner's certificate to the rest of your application if this is your first life-shortening congenital condition withdrawal.

Mr. Mrs. Miss. Mrs	Other (alegae areaif.)		Data of hinth
Mr Mrs Miss Ms	Other (please specify)		Date of birth DD / MM / YYYY
Name FIRST	MIDDLE	LAST	
Postal address NUMBER & STREET		SUBURB	
FOWN/CITY		POSTCODE	
Medical Practitioner's d	etails		
I, NAME			
Registration number			271140
of WORKPLACE	TOWN/CITY		STAMP
Phone LANDLINE	MOBILE		
Email			
A Listed Condition – please see Down Cerebre Huntin Fetal a Not one of the congenital cornin my opinion the member his expected to reduce life expectation	syndrome ral palsy gton's disease lcohol spectrum disorder. ditions listed above. Please list the condit as a congenital condition that has existed bectancy, for the member or for people in age of 65 (a Non-Listed Condition).	e of the following life-short ion: d since the date of their b	ening congenital conditions
 If the condition is a Non-listed cor My medical area of expertise is congenital condition is included Yes No I have included links or attache expectancy assessment. 			e above-named life-shortening ne basis for the life
Signature of Medical Practitioner			Date DD / MM / YYYY