



Westpac KiwiSaver Serious Illness Application Form

To the Trustee

Use this form to apply for a withdrawal from the Westpac KiwiSaver Scheme if you are suffering from serious illness.

A: Your Details

Westpac KiwiSaver Scheme Member number

Mr Mrs Miss Ms

Other (please specify)

Given name(s)

Surname

IRD number

Phone numbers

HOME:	AREA CODE
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BUSINESS:	AREA CODE
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MOBILE:	AREA CODE
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Best time to contact you

HOME:	AM/PM	WORK:	AM/PM
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Postal address

NUMBER & STREET/BOX NUMBER

SUBURB

TOWN/CITY	POSTCODE
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Email address

Prescribed Investor Rate

10.5% 17.5% 28%

B: Withdrawal Request

According to the KiwiSaver Act 2006, an application for early withdrawal may be on the grounds of serious illness. 'Serious illness' is defined as:

- an injury, illness or disability that results in your being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training or a combination of those things;
- or
- an injury, illness or disability that poses a serious and imminent risk of death

You are required to **complete the statutory declaration** contained in this form. Please also **ensure your doctor completes the doctor's declaration** contained in this form.

C: Payment Details

How much money do you need? (please tick one)

Amount \$

or

All available funds

In granting this application we may consider the withdrawal of all or part of the amount.

(Please note the Trustee will only make payments in New Zealand dollars to a New Zealand bank account)

Account Name

Bank

Branch

Account Number

Suffix

Signature

Date:

DAY / MONTH / YEAR

Further authorisation signatures are required overleaf.



E: Privacy Statement

I understand that by completing this application form I will be providing personal information about me which will be held securely by the Trustee and/or the manager of the Westpac KiwiSaver Scheme. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

F: Declaration

I solemnly and sincerely declare that the information I have provided in this KiwiSaver Serious Illness Application Form is true and correct and I have been resident in New Zealand since joining KiwiSaver.

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

I, FULL NAME
ADDRESS AND OCCUPATION

Signature	Date:	DAY / MONTH / YEAR
Declared at	PLACE	
Before me (JP, Solicitor, notary public, or person authorised to take a statutory declaration):		
NAME		
ADDRESS AND OCCUPATION		

Signature	Date:	DAY / MONTH / YEAR
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IMPORTANT: BEFORE SENDING US THIS FORM PLEASE CHECK

- Have you re-checked the form and ensured it has been correctly completed?
- Have you signed the statutory declaration in Section F?
- Has your witness signed and completed Section F?
- Have you supplied all relevant supporting information or documentation?
- Has the Doctors declaration been completed and signed?

Please call us on **0508 972 254** between **8.30am** and **5.30pm**, Monday to Friday if you need any help completing this form.

Please return the completed form to:
The Westpac KiwiSaver Scheme,
PO Box 695, Wellington 6140



BT Funds Management (NZ) Limited is the scheme provider and Westpac New Zealand Limited is the distributor of the Westpac KiwiSaver Scheme.



Confidential Doctors declaration of serious illness to be completed by doctor

A: Patient Details

Mr Mrs Miss Ms Other (please specify)

Given name(s)

Surname

Postal address

B: Doctor Details

I, Dr

of

Certify that:

- 1. I am a registered medical practitioner with the Medical Council of New Zealand.
- 2. The above-named is patient of mine and I have recently given them a full medical examination.
- 3. In my opinion, the above named has an:
 - Injury
 - Illness
 - Disability
- 4. This change in circumstance:
 - Results in them being totally and 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 (give a brief description of the patient's condition): (Please attach any relevant supporting information or documentation)

Signature	Date:	DAY / MONTH / YEAR
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Please ensure you attach this Confidential Doctor's declaration of serious illness to the rest of your application.