
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 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. Statutory 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

Your signature _____

Declared at PLACE

Before me (JP, Solicitor, notary public, or person authorised to take a statutory declaration):

NAME

ADDRESS AND OCCUPATION

Your Signature _____

Date DD / MM / YYYY

G. Your checklist

Before sending us the form please check:

- you have re-checked the form and ensured it has been correctly completed
- you signed the Statutory Declaration in Section F
- your witness signed and completed Section F
- you have supplied all relevant supporting information or documentation
- your doctor's declaration on page 4 of this form been completed and signed
- you have attached a **certified copy** of evidence of address. Evidence of address can include rates, power or phone bill. For a full list of acceptable documents, please go to: www.westpac.co.nz/AML; and
- you have attached a **certified copy** of acceptable identity verification documents. This is usually by way of either a certified copy of a New Zealand passport or New Zealand drivers licence. For a full list of acceptable documents, please go to: www.westpac.co.nz/AML

Please call us on **0508 972 254** between **8.30am and 7pm, Monday to Thursday**, or **8.30am and 5pm, Friday** if you need help completing this form.

Please return the completed form, together with all supporting documents, to:

Westpac KiwiSaver Scheme, PO Box 695, Wellington 6140.



Confidential doctor's declaration of serious illness (to be completed by doctor)

A. Patient details

Mr Mrs Miss Ms Other (please specify)

Name FIRST MIDDLE LAST

Postal Address NUMBER & STREET SUBURB

TOWN/CITY POSTCODE

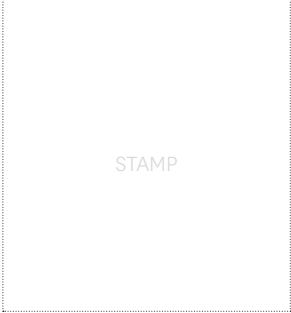
B. Doctor details

I, Dr NAME

of WORKPLACE TOWN/CITY

Business Phone HOME

MOBILE



Certify that:

1. I am a registered medical practitioner with the Medical Council of New Zealand.
2. The above-named is a 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 DD / MM / YYYY

Please ensure you attach this confidential doctor's declaration of serious illness to the rest of your application.