

Application for withdrawal – significant financial hardship

Aon KiwiSaver Scheme

Use this form to apply for a withdrawal from your KiwiSaver account if you are suffering, or likely to suffer, significant financial hardship. We will also require you to complete an AML Identity Verification form which is available on our website aonkiwisaver.co.nz.

Section A: Introduction and steps to apply

You may apply to the supervisor to make a withdrawal due to significant financial hardship. This benefit is subject to restrictions set out in the KiwiSaver scheme rules (which may be amended from time to time). Your application must include enough evidence for the supervisor to understand your financial position (including a statutory declaration relating to your assets and liabilities). This is because the supervisor needs to be reasonably satisfied that you are suffering, or likely to suffer, significant financial hardship; and have explored and exhausted other reasonable sources of funding.

The benefit may be granted due to significant financial difficulties that arise because of:

- Your inability to meet minimum living expenses.
- Your inability to meet mortgage repayments on your principal family residence resulting in the mortgagee seeking to foreclose.
- The cost of modifying a residence to meet special needs arising from a disability to you or your dependant.
- The cost of medical treatment or palliative care for you or your dependant.
- The cost of a dependant's funeral.

The withdrawal cannot include any member tax credits. For those members who have a \$1,000 government kick-start contribution, the \$1,000 contribution cannot be included in the withdrawal.

The supervisor may limit the withdrawal to a specified amount that, in its opinion, is required to address the particular hardship you are suffering. The supervisor can also require any further medical evidence, documents or information.

How to apply for a significant financial hardship withdrawal:

- Complete all sections of this form
- Complete and sign the declaration on page 6 in the presence of a person authorised to take a statutory declaration
- Attach all required documentation
- Return to the address below

Freepost Aon Retirement Saving, Aon KiwiSaver Scheme, PO Box 332, Shortland St, Auckland 1140

If you have any questions about completing this form, please call 0800 AON INFO (0800 266 463).

Section B: Personal details

IRD number - - Member number **A** **O** **N**

Date of birth / / Occupation

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Postal address Postcode

Direct phone Mobile

Email

Home ownership status Rent Board Own home Other (please specify)

Section C: Liabilities Enter all business and private liabilities including those of your spouse/partner

LIABILITIES/DEBTS (show details)		Amount owing	Overdue amount
Mortgages	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
	Other Properties _____	\$ <input type="text"/>	\$ <input type="text"/>
Bank Overdraft	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
Loans	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
Credit Cards	Type _____	\$ <input type="text"/>	\$ <input type="text"/>
	Type _____	\$ <input type="text"/>	\$ <input type="text"/>
Hire Purchases	Item _____	\$ <input type="text"/>	\$ <input type="text"/>
	Date Purchased ____/____/____ Finish Date ____/____/____	\$ <input type="text"/>	\$ <input type="text"/>
Trade Accounts	Account Name _____	\$ <input type="text"/>	\$ <input type="text"/>
	Account Name _____	\$ <input type="text"/>	\$ <input type="text"/>
Other debts (eg Phone, Power, debts with Dept. for Courts, Dept. of Work and Income)	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
Total Liabilities (add all amounts in the columns and print totals in Box D)		D \$ <input type="text"/>	\$ <input type="text"/>

Section C: Income Enter all income, including details of spouse/partner's income

WEEKLY INCOME (after tax)		
Salary/Wages/Pension/Drawings	\$ <input type="text"/>	Attach copy of last 3 payslips
Part-time Work	\$ <input type="text"/>	Attach copy of last 3 payslips
Spouse/Partner's Income	\$ <input type="text"/>	Attach copy of last 3 payslips
Self-employed Income	\$ <input type="text"/>	
Child Support Received	\$ <input type="text"/>	
Working for Families Tax Credits*	\$ <input type="text"/>	* Previously known as Family Assistance
Department of Work and Income Benefit/Superannuation	\$ <input type="text"/>	Attach copy of letter from Work and Income New Zealand
Rent/Board Received	\$ <input type="text"/>	
Interests/Dividends	\$ <input type="text"/>	
Other (specify) _____	\$ <input type="text"/>	
_____	\$ <input type="text"/>	
Total Weekly Income (add all amounts in the column and print total in Box A)		A \$ <input type="text"/>
If spouse has recently lost their job, state former income	\$ <input type="text"/>	per week
If spouse has recently lost their job, please provide date when employment ceased	_____ / ____ / ____	

Section D: Declaration of significant financial hardship

Has your landlord threatened to evict you? Yes No Not Applicable

Has your mortgagor threatened to foreclose on your mortgage? Yes No Not Applicable

If you answered “yes” to any of these questions, please attach proof, i.e. Bank or Landlord letter.

Give the reasons you are seeking a *significant financial hardship* withdrawal

Outline in detail how you would spend any approved withdrawal

Creditor name	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Total		\$ _____

Amount you are applying to withdraw from your KiwiSaver account

Have you sought independent advice from a budget advisor e.g. Citizens Advice Bureau? Yes No

Have you approached your bank to refinance? Yes No

Have you approached Work and Income New Zealand for assistance? Yes No

If you answered “yes” to any of these questions, please attach proof, i.e. letter of response from institution

What alternative sources of funding have you explored and how much will this provide?

Have you transferred money from a UK Pension Scheme after 5 April 2006?

No Yes – please contact us for information. An extra withdrawal form is required

If your application is approved, which bank account would you like payment to be made into?

Bank account name

Bank account number

Section E: Privacy

The information in this form, and in any documents relating to it, is being collected for the purposes set out in this form, including effectively managing your Aon KiwiSaver Scheme account. The information may be used by, and disclosed to, the Manager and the Supervisor of the Scheme, authorised agents, and to any other entity that is involved in the administration and management of the Scheme (including Inland Revenue and any regulatory body). You agree that the Supervisor, the Manager and their authorised agents may collect and use the information for these purposes. The information is being collected by Aon Saver Limited whose address is Level 16, AMP Centre, 29 Customs St West, Auckland and will be held by Link Market Services Limited at Level 11, Deloitte Centre, 80 Queen Street, Auckland. You can request access to your personal information and can ask to correct that information by calling 0800 266 463.

Section F: Your statutory declaration

I, , of
(Name) (Residential address)

, solemnly and sincerely declare that:
(Occupation)

1. I request a withdrawal from my KiwiSaver account for the amount set out above under the provisions of Significant Financial Hardship.
2. I have explored and exhausted reasonable alternative sources of funding and their limits.
3. The income and expenditure and any documents attached in respect of that information are true and correct.
4. I understand that acceptance of this application is at the discretion of the Supervisor.
5. I understand that the Supervisor, in determining whether to approve this application:
 - might require further information from me relating to this application.
 - might need to seek and obtain information that is held by any other person or organisation that the Supervisor considers appropriate for the purpose of checking the information in and to assist in assessing this application, and I authorise any person holding information relevant to this application to disclose it to the Supervisor on request.
6. I understand that the Supervisor may limit the amount that is paid to an amount that in its opinion is required to alleviate my financial hardship, which may be less than the amount I am applying for.
7. I understand that the value of my withdrawal will be based on the unit price(s) at the date my request is processed and that fees, taxes and expenses may be deducted.
8. I have read and understood the privacy statement set out in Section E and all information I have provided in this application and attached documents (if any) is true and correct.

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

Signature
(your signature)

Declared at
(location)

Date / /

Before me (JP, Solicitor, Notary Public or other person authorised to take a statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of parliament):

Full name Occupation

Signature Declaration taker's details/stamp

Checklist

I have:

- completed all sections of the form
- had Section F duly completed in the presence of a person authorised to take a statutory declaration

I have attached for myself and my spouse/partner:

- copies of payslips (3) or proof of income (e.g. Work and Income New Zealand letter)
- copies of bank account statements (last 3 months)
- copy of residential rent agreement
- copy of overdue accounts and loans
- copy of credit card statements
- copy of photo ID (e.g. driver licence, passport)
- completed AML form

Please return the completed form and documentation to:

Freepost Aon Retirement Saving

Aon KiwiSaver Scheme, P O Box 332, Shortland St, Auckland 1140.

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