

Application for withdrawal – life-shortening congenital condition

Aon KiwiSaver Scheme

Introduction

Use this form to apply for a withdrawal from your KiwiSaver account if you have a life-shortening congenital condition. We will also require you to complete an AML Identity verification form which is available on our website aonkiwisaver.co.nz.

KiwiSaver is a long-term retirement savings initiative. Because it is specifically designed to help you to save for your retirement, there are only very limited circumstances in which you can withdraw funds prior to the superannuation qualification age (currently 65).

One of these circumstances is if you have a life-shortening congenital condition. You can apply for a withdrawal if, since you were born, you have suffered from a condition that—

- a) is on a list of life-shortening congenital conditions in the KiwiSaver Regulations 2006* (known as a “listed condition”), or
- b) is not a listed condition but is expected to reduce life expectancy below the superannuation qualification age for you or for people in general with the condition.

Your medical practitioner will need to provide a medical certificate to verify that you suffer from the condition and, if your condition isn't a listed condition, that the condition is expected to reduce life expectancy below the superannuation qualification age.

* Note that currently there is not a list of conditions in the KiwiSaver Regulations 2006, as the Regulations have yet to be amended. Until the list is available you can apply for a withdrawal under b) i.e. if since you were born, you have suffered from a condition that is expected to reduce life expectancy below the superannuation qualification age for you or for people in general with the condition.

If the supervisor is satisfied that the requirements for withdrawal are met, you can withdraw all or a part of your total KiwiSaver balance (including any \$1,000 kick-start and your government contributions).

Note that if you make a withdrawal you will no longer be eligible to receive government contributions or compulsory employer contributions.

Steps to apply

To make an application you need to:

1. Complete sections A, B, and D.
2. Ask your medical practitioner to complete section E.
3. Attach a pre-printed deposit slip for the bank account you wish money to be paid into.
4. Sign the form and have your signature witnessed by a Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration.
5. Return the completed form, and an AML Identity verification form, to:

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 266 463.

Section A: Personal details

IRD number --

Member number AON

Date of birth //

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Postal address Postcode

Direct phone Mobile

Email

Section B: Amount requested

How much money do you want to withdraw?

- an amount of \$
- all available funds (after deduction of any fees, expenses and taxes). I understand my KiwiSaver account will then be closed.

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 C: 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 D: Your statutory declaration

I, , of
(Name) (Residential address)
, solemnly and sincerely declare that:
(Occupation)

1. I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver, **or**
 I was living overseas for the following dates / / to / /
and I understand I do not qualify to be paid the government contributions for this period.
2. I have a life-shortening congenital condition and I am applying to the supervisor for a withdrawal from my KiwiSaver account as detailed above.
3. 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.
4. I understand that acceptance of this application is at the discretion of the supervisor.
5. I understand the supervisor, in deciding whether to accept 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; and
 - will use and disclose the information about my life-shortening congenital condition for the sole purpose of assisting with the processing of this application.
6. I understand that if my application is accepted:
 - my KiwiSaver withdrawal will be released to me as if I had reached New Zealand superannuation qualification age; and
 - after payment of my KiwiSaver withdrawal, I will no longer be eligible to receive government contributions or compulsory employer contributions in relation to my future contributions (if any).
7. I have read and understood the privacy statement in section C and all information I have provided in this application 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

Section E: Your doctor's certification of your condition

Patient's name

Postal address Postcode

I, Dr of
(Town or City)

Phone number (daytime) Mobile number

Email

certify that:

- I am a medical practitioner registered with the Medical Council of New Zealand.
- In my opinion* (please tick appropriate box):
 - the above-named suffers from the condition that has existed from the date of their birth and is on the list of life-shortening congenital conditions in the KiwiSaver Regulations 2006 (known as a "listed condition"); **or**
 - the above-named suffers from the condition that has existed from the date of their birth and is expected to reduce life expectancy below the New Zealand superannuation qualification age (currently age 65) for the above-named or for persons in general with the condition.

* As noted in the Introduction section to this form, currently there is not a list of conditions in the KiwiSaver Regulations 2006, as the Regulations have yet to be amended. Until the list is available you will need to verify the member's condition under the second option above.

Signature Date / /

Medical practice stamp

Checklist

I have:

- completed sections A & B
- signed and dated section D - your statutory declaration, in the presence of a person authorised to take a statutory declaration
- had section E completed by my doctor

I attach:

- a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made. Payments will only be made to a third party with the provision of additional information. Please contact us if a third party payment is required.
- a completed AML Identity verification 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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