

Application for withdrawal - Significant financial hardship

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

Please return completed form and documentation to:

Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Auckland 1142, or email: nzfkivi@linkmarketservices.com

Please print in BLOCK letters and complete all fields unless not applicable.

Section A: Introduction

In order for the Supervisor to approve a payment, they must be reasonably satisfied that you are suffering or likely to suffer Significant Financial Hardship. Significant Financial Hardship includes significant financial difficulties that arise:

- When you are
 - unable to meet minimum living expenses; or
 - unable to meet mortgage repayments on your family residence, resulting in the mortgagee seeking to enforce the mortgage.
- Due to the cost of
 - modifying your home to meet special needs arising from your or a dependant's disability; or
 - medical treatment for an illness or injury to you or your dependant; or
 - a funeral for your dependant; or
 - personal care for you or a dependant of yours.

To apply for a Significant Financial Hardship refund:

- complete all sections of this form;
- complete and sign the declaration on page 6 and have it witnessed;
- attach all required documentation; and
- return the completed form to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Auckland 1142 or email nzfkivi@linkmarketservices.com.

If you have any questions about completing this form, please call 0800 NZF KIWI (693 5494).

Please note:

- further information may be requested after the Trustee has reviewing application.
- if your application is approved, the maximum amount that can be withdrawn does not include the \$1000 kick-start (if applicable) nor the amount of the Crown's Member Tax Credit contributions.

Section B: Your personal details

Member number

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IRD number

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Name

Title (Mr/Mrs/Miss/Ms/Dr)

Given Name(s)

Surname

Address

Street/PO Box

Suburb

City

Postcode

Contact phone number(s)

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Mobile

Home

Business

Date of birth

 DD / MM / YYYY

Occupation

Email address

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Spouse/partner name

Title (Mr/Mrs/Miss/Ms/Dr)

First name

Surname

Is your spouse/partner in paid employment?

Yes
 No
 Not applicable

Home ownership status

Rent
 Board
 Own home
 Other, please specify

Dependents

| Name | Age | Nature of relationship |
|------|-----|------------------------|
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Have any personal details changed?

Yes
 No

Continued over...

Section C: Assets (enter all business and private assets including those of your spouse/partner)

Residential property (market value)

Address

Value

Other property (market value)

Address

Value

Vehicles (e.g. car, boat, caravan - please include the registration number)

Model and year

Registration no.

Model and year

Registration no.

Model and year

Registration no.

Value

Bank accounts (enter account name and account number below)

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Balance

Other accounts (e.g. credit union, building society)

Balance

Household goods

Value

Life insurance/Superannuation policies (indicate provider in box(es) below)

Surrender Value

Money owed (indicate money owed to you)

Value

Other assets (shares, debentures, other - e.g. Bonus Bonds, loans, personal belongings, etc)

Value

Total Assets (all amounts in the right hand columns and print total in Box C)

Continued over...

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

Mortgages (indicate provider in box below)

Value

Amount Owing

Other property mortgage (indicate provider in box below)

Value

Amount Owing

Loans (indicate provider(s) in box(es) below)

Value

Amount Owing

Bank overdraft

Value

Amount Owing

Credit cards (indicate issuer(s) in box(es) below)

Value

Amount Owing

Leases

Purchase amount

Amount Owing

Date purchased

Finish date

Date purchased

Finish date

Hire purchases

Purchase amount

Amount Owing

Date purchased

Finish date

Trade accounts (indicate account name)

Value

Amount Owing

Other debts (e.g. Dept. for Courts, Dept. of Work and Income)

Value

Amount Owing

Total Liabilities (add all amounts in the right hand columns and print total in Box D)

Continued over...

Section C: Income (enter all income, including details of spouse/partner's income)

Weekly income (after tax)

Salary/Wages/Pension/Drawings (attach a copy of last three payslips)

Part time work (attach a copy of last three payslips)

Spouse's or partner's income (attach a copy of last three payslips)

Self-employed income

Child support received

Working for families tax credits (previously known as Family Assistance)

Department of Work and Income benefit/superannuation (attach a copy of letter from WINZ)

Rent/board received

Interests/dividends

Other, please specify

Total Weekly Income (all amounts in the right hand columns and print total in Box A)

If spouse/partner has recently lost their job, state former income (per week)

If spouse has recently lost their job, please state date when employment ceased

Section C: Expenses (enter all expenses, including details of spouse or partner's expenses)

Amount per week

| | |
|--|----|
| Food/Groceries | \$ |
| Rent/Board/Mortgage (attach a copy of rental agreement) | \$ |
| Bus/Train/Petrol | \$ |
| Childcare/School expenses | \$ |
| Child maintenance payments (attach child support letter from Inland Revenue) | \$ |
| Gas/Electricity | \$ |
| Telephone/Mobile | \$ |
| Clothing | \$ |

Loans, hire purchase and credit card payments (attach copies of current statement)

| | | |
|------------------------|--|----|
| Company name | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Other (please specify) | | \$ |
| | | \$ |
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The following items should be shown as a weekly payment. Where you know an annual amount divide by 52 to convert to a weekly payment.

| | |
|---|----|
| Vehicle insurance (e.g. car, boat, caravan) | \$ |
| Vehicle registration/warrant | \$ |
| House and contents insurance | \$ |
| Rates | \$ |
| Medical Insurance/expenses | \$ |
| Life insurance/superannuation | \$ |
| Other (please specify) | \$ |
| | \$ |

Total Weekly Payments (add all amounts in the right hand columns and print total in Box B) **B** \$

Office use only

Calculation: Income (Box A) less Expenses (Box B) = balance \$

Continued over...

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.

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Outline in detail how you would spend any approved withdrawal

Creditor name

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| \$ |
| \$ |
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| \$ |

Total

How much money do you need?

| |
|----|
| \$ |
|----|

Have you sought independent advice from a budget adviser, e.g. Citizens Advice Bureau?

Yes No Not applicable

Have you approached your bank to refinance?

Yes No Not applicable

Have you approached Work and Income New Zealand for assistance?

Yes No Not applicable

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?

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

Account name

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Bank

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Branch

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

No Yes

If you have transferred money from a UK pension scheme, we strongly recommend you seek independent tax advice before applying to make an early withdrawal as it could result in tax obligations in the UK.

Continued over...

Section E: Member declaration

I,

Title (Mr / Mrs / Miss / Ms / Dr) First name Surname

of

Street address

Suburb City Postcode

Occupation

- request a withdrawal from my KiwiSaver account under the provisions of Significant Financial Hardship;
- confirm that I have explored and exhausted reasonable alternative sources of funding and their limits; and
- verify that the completed income, expenditure and statement of financial position documents attached are true and correct to the best of my knowledge.

Further, I understand that the Supervisor, in determining whether to meet this claim:

- 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;
- 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; and
- will use and disclose information about my hardship and financial information for the sole purpose of assisting with the processing of this any other financial hardship application I may make.

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

Signature of member

Date

Declared at (location)

Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration

Insert stamp here

Checklist

I have:

- completed all sections of the form, and
- signed and dated Section E 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. WINZ letter), and
- copies of bank account statements (last 3 months), and
- copy of residential rent agreement, and
- copy or overdue accounts and loans, and
- copy of credit card statements, and
- copy of photo ID (e.g. driver licence, passport), and
- a completed AML form