

Westpac KiwiSaver Scheme Life-shortening Congenital Condition Withdrawal Application



How do I qualify?

To be eligible for this type of withdrawal, you must have been born with a life-shortening congenital condition that is either:

1. A **Listed Condition** – one of the following:
 - Down syndrome
 - Cerebral palsy
 - Huntington's disease
 - Fetal alcohol spectrum disorder
2. Not one of the congenital conditions listed above but you can provide medical evidence to show that the congenital condition is expected to reduce life expectancy, for you or people in general with the condition, below the New Zealand superannuation qualification age of 65 (a Non-Listed Condition).

Important: The KiwiSaver Act 2006 (KiwiSaver Act) will consider you to be of retirement age from your withdrawal date. This means that, from the date you make a withdrawal, you can access KiwiSaver, but you'll no longer be eligible for government contributions or compulsory employer contributions. This withdrawal may also impact any social assistance that you're currently receiving.

What can I withdraw?

If eligible, you can withdraw some or all the available balance in your Westpac KiwiSaver Scheme account.

When can I expect payment?

Once you've submitted your completed application form and all supporting documents, an assessment will be conducted by the Supervisor, the New Zealand Guardian Trust Company Limited. We'll let you know the outcome of your withdrawal request. Generally, if approved, your withdrawal amount will be paid to your nominated bank account within 10 business days of your request being approved.

Important: Incomplete or missing documents will result in your application being delayed or declined.

How do I apply?

1. Complete all sections of this form.
2. Review 'Your checklist' to ensure you have everything you need.
3. Once completed, send us your form and supporting documents:

Courier: Westpac KiwiSaver Scheme, Level 4 Cityside, Westpac on Takutai Square, 53 Galway Street, Auckland, 1010

Post: Westpac KiwiSaver Scheme, PO Box 934, Auckland, 1140

Visit: Any Westpac branch

Your checklist

Please ensure that you provide us with all the following:

- Your fully completed application form.
- Check your statutory declaration has been completed, signed and witnessed by a person authorised to take statutory declarations.
- A signed medical practitioner's certificate (attached to this form) - you don't need to provide a medical certificate if you've made a life-shortening congenital condition withdrawal before.
- A certified copy or original bank statement/deposit slip, if the bank account you've provided is not a Westpac New Zealand bank account.
- Certified copy of acceptable identity documentation (such as the photo and signature pages of your current signed passport, or both sides of your current New Zealand driver licence).
- Certified copy of proof of address showing your name (such as a recent rates, power or phone bill). This can't be from Westpac and must be dated within 12 months of your application.

Documents must be received by Westpac within 3 months of being certified. For a full list of acceptable identification and proof of address, go to westpac.co.nz/AML

What's a certified copy?

A certified copy is a copy of an original document on which an authorised person (such as a Justice of the Peace, solicitor or other legally authorised person) has confirmed it is a true copy of the original. All certified copies must include:

- The certifier's name, occupation, signature and date.
- The following or equivalent wording: "I certify this to be a true copy of the original document as sighted by me on [date]"
- For identity documents only, add: "and it represents the true likeness and identity of the individual"

The certifier can't be: someone you're related to, your spouse/partner, or someone who lives at the same address.

Need help?

If you're not sure whether you qualify, need help completing this form or would like an update on your application, call **0508 972 254 (+64 9 375 9978)** from overseas weekdays between 8.30am and 5pm. Alternatively, email us at kiwisaverhelp@westpac.co.nz

Westpac branch use – branch checklist Branch name _____

Staff name _____

- Form is complete Customer is AML compliant, current ID and proof of address has been verified/certified and loaded into Sales Customer (Assist)

Statutory declaration

Not required if you've already made a life-shortening congenital condition withdrawal.

1. Eligibility to withdraw government contributions

For any period(s) during your KiwiSaver membership when New Zealand was not your principal place of residence, any government contributions claimed on your behalf will be deducted from your withdrawal amount and returned to Inland Revenue.*

During your KiwiSaver membership, were there any periods when you lived overseas and did not have your principal place of residence in New Zealand? (Please tick only one.)

- No (Continue to the 'Your statutory declaration' section below.)
- Yes (Please list below, excluding any overseas holidays where you remained a New Zealand resident. Then continue to the 'Your statutory declaration' below.)

I lived in	<input type="text"/>	from	Date DD / MM / YYYY	to	Date DD / MM / YYYY
I lived in	<input type="text"/>	from	Date DD / MM / YYYY	to	Date DD / MM / YYYY
I lived in	<input type="text"/>	from	Date DD / MM / YYYY	to	Date DD / MM / YYYY

*If you were working overseas as a government employee or as a charity volunteer, you may still be eligible for government contributions. Please provide evidence with your application, such as a letter from your employer confirming the period you were employed.

2. Your statutory declaration

It must be completed and signed in front of a Justice of the Peace, a solicitor, or other person authorised to witness a statutory declaration. Westpac staff cannot witness this statutory declaration.

I NAME	OCCUPATION
of ADDRESS	

Solemnly and sincerely declare that:

- I have read and understood the Privacy Statement.
- All the information provided in this form (and any included materials) is true and complete.
- I understand that if the information in my application is incomplete or incorrect, the Manager of the Westpac KiwiSaver Scheme will not be able to complete its assessment of my application.
- I understand that approval of this application is at the discretion of the Supervisor of the Westpac KiwiSaver Scheme, The New Zealand Guardian Trust Company Limited.
- I have met the eligibility criteria listed in the 'How do I qualify?' section.
- I understand that this early withdrawal may impact any social assistance that I am currently receiving (if applicable), and I indemnify the Manager and/or the Supervisor of all or any consequences this withdrawal may have in relation to my current benefits.
- I understand that effective from the date of withdrawal of some or all of my KiwiSaver funds under this form, I'll be considered as having reached retirement age for the purposes of the KiwiSaver Act (currently 65) and I understand this means that I'm no longer eligible to receive government contributions or compulsory employer contributions in relation to my future contributions (if any).
- I understand that my withdrawal value will be based on the unit price(s) applying at the date that my withdrawal request is processed, so may be subject to change. It can be affected by market volatility, PIE tax rebates or deductions, additional contributions received and eligibility to receive government contributions.
- I agree that, if I withdraw my full account balance, my account will be closed, and I will no longer be a member of the Westpac KiwiSaver Scheme.

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

PLEASE PRINT THIS FORM AND SIGN THE STATUTORY DECLARATION IN FRONT OF YOUR WITNESS.

My signature	Declared at TOWN/CITY	Date DD / MM / YYYY
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Before me (Justice of the Peace, solicitor, Notary Public or other person authorised to take a statutory declaration in accordance with the Oaths and Declarations Act 1957):

Signature of witness	STAMP
Name of witness	
Declared at TOWN/CITY Occupation Date DD / MM / YYYY	

Medical Practitioner's Certificate



This must be completed by a Medical Practitioner. Please ensure you attach this confidential Medical Practitioner's certificate to the rest of your application if this is your first life-shortening congenital condition withdrawal.

Patient details

Mr Mrs Miss Ms Other (please specify) Date of birth

Name

Postal address

Medical Practitioner's details

Phone

Verify that:

1. I am a registered Medical Practitioner with the Medical Council of New Zealand.
2. The above-named member is a patient of mine and was born with a life-shortening congenital condition.
3. I have included a medical certificate that confirms that the member has one of the following life-shortening congenital conditions

A Listed Condition – please select from the following:

- Down syndrome
- Cerebral palsy
- Huntington's disease
- Fetal alcohol spectrum disorder.

Not one of the congenital conditions listed above. Please list the condition:

In my opinion the member has a congenital condition that has existed since the date of their birth and the congenital condition is expected to reduce life expectancy, for the member or for people in general with the condition, below the New Zealand superannuation qualification age of 65 (a Non-Listed Condition).

4. If the condition is a Non-listed condition:

• My medical area of expertise is and the above-named life-shortening congenital condition is included in this (please tick only one):

- Yes
- No

• I have included links or attached the relevant existing national or international research that forms the basis for the life expectancy assessment.