SBS Wealth KiwiSaver Scheme Life-shortening Congenital Conditions First Withdrawal Request Application Form





If you wish to make a subsequent withdrawal or amend your regular withdrawal instructions, please complete the Subsequent Retirement Withdrawal Application Form.

Use this form to apply for a withdrawal of funds from your account **if you are suffering from a life-shortening congenital condition.**

Before you get started

- > You are required to make a Statutory Declaration (section 9). This must be witnessed by a solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you.
- > We need to verify your proof of address and identification before we can process your withdrawal application.

Please note that if you make a withdrawal under the life-shortening congenital condition category, you will be treated as if you have reached the New Zealand superannuation qualification age.

This means that after withdrawal of funds, you will no longer be eligible to receive:

- > Crown contributions; or
- > Compulsory employer contributions in relation to your future contributions, if any. This withdrawal may also impact any social assistance that you are currently receiving, if any.

What happens after you submit the form?

- > We check your application is complete.
- > We refer your application to Inland Revenue to enable release of your Government contributions, if any.
- > Payment can normally be expected within 15 working days of receipt of your application.

If you require assistance completing this form then please contact us 0800 727 935 or email us at contact@sbswealth.co.nz.

IMPORTANT CHECKLIST (RETURN WITH FORM) Before sending us the form please check you: (Please tick)
Are fully aware of the requirements you must meet in order to qualify for this withdrawal;
 Have completed all sections of this form including the Statutory Declaration; Attach proof of your bank account such as a pre-printed bank deposit slip; If the bank account for payment is an overseas account you have completed the Swift and/or IBAN number; Attach a certified/verified copy of evidence of address (for a full list of acceptable documents, please refer to section 7 of this form);
 Attach a certified/verified copy of acceptable identity verification documents. This is usually by way of either: 1. a certified/verified copy of a New Zealand passport; or 2. a certified/verified copy of a New Zealand driver licence showing a photo of the applicant, together with a secondary form of identification. For a full list of acceptable documents, please refer to section 7 of this form; Have had your medical practitioner or specialist complete the medical practitioner's declaration in section 8.

Return form

Please return the completed form and requested supporting documents to us by post: Post/courier: SBS Wealth KiwiSaver Scheme, PO Box 10445, Wellington 6143

fe-shortening





Section 1: Member's details

Member K S	DoB DD MM YY	YY IRD n	umber	
Title Given name(s)	Surname			
Current postal address				
			Postcode	
Home phone	Work phone	N	Mobile	
Email address*				
*Supply email address if you wish to	receive all communications rec	garding the SBS W	Vealth KiwiSaver Scheme via	
email. Guide to calculate your PIR				
Start				
You are a NZ tax resident and in either of the last two income years, was your taxable income \$15,600 or less and your total income (including PIE income) \$53,500 or less?	You are a NZ tax reside in either of the last two years, was your taxable \$53,500 or less and you income (including PIE \$78,100 or less)	o income e income our total income)	In all other cases (including non NZ residents)	
YES	YES		YES	
Your PIR is 10.5%	Your PIR is 17.5%	%	Your PIR is 28%	
Note: We will update your account existing records. Section 2: Withdrawal Type of withdrawal There may be delays in payment calculations. Units will be redeemed balance of \$500 must be maintain	details t of regular withdrawals falling d sufficient to pay out the amou	g due in the firs unt indicated belo	t week of April to allow for tax w and any tax liability. A minimum	
deducted proportionally from each profile.	investment portfolio or fund that	at you are investe	ed in according to your investment	
Full withdrawal Your final Government Contribution payment may take up to 15 working a member of the SBS Wealth KiwiSa	g days from receipt of this form		•	
☐ The total sum of my account b	palance and close account			
Partial withdrawal (minimum of \$10 A partial withdrawal to pay out				fe-shortenir
Regular withdrawal (minimum of \$1	00 per withdrawal)			
Establish a regular withdrawal t	o pay out \$			
Regular withdrawal frequency (ple	ase tick one) Weekly	Fortnightly	Monthly	
Regular withdrawal start date	DD MM YYYY			





Section 3: Bank account details

We will make payments to a New Zealand bank account held in your name or jointly in your name. If you no longer have a New Zealand bank account we will only pay into your overseas bank account by telegraphic transfer remitted in the currency of the country in which the account resides (less any associated costs for the transfer including foreign exchange conversion). We will adjust your withdrawal amount for any tax liability.

Please pay (please tick one) U To a New Ze	ealand bank account UTo a	an overseas bank account by Telegraphic	: Transfer
Bank account name			
Account number Bank Branch	- Account number	Suffix	
Bank Name	Branch	City	
Please provide evidence of your bank (attach a pre-printed deposit slip, copy of both or on-line bank statement containing the notation to the a	pank statement, over-the-co name of the bank in the hea	counter printed receipt with a teller's stamp ader or footer)	
the payment is to an overseas account)	nove details please comple	ete the following swift and/or IBAN details) [[
Swift number	IBAN number		
Section 4: Confirmation of Notes of Sovernment contributions made to your Statutory Declaration confirming whether you KiwiSaver membership. If you lived or worefund that portion back to Inland Revensible you have been a KiwiSaver member of New Zealand has been my principal plan. I was living overseas for the following	our account cannot be rour principal place of reside vorked overseas and reduce. To (please tick one) The contract of the entered of the entered or the entered or the entered or the enteree of residence for the entered or the ent	e withdrawn until you provide a dence was New Zealand for the duration of ceived Government contributions, we natire period I have been a member of KiwiS	must
residence was in New Zealand.			
From DD MM YYYY To DD M	MM YYYY From D	OD MM YYYY To DD MM	YYYY
Section 5: Bankruptcy			
Have you ever been adjudicated bankrupt	or admitted to a No Asset	et procedure? (please tick one)	
○ No ○ Yes (please provide details) Official Assignee Reference/Case Number	Date DD MM	YYYY	

Section 6: Privacy policy

For the latest version of our Privacy Policy please see www.sbswealth.co.nz/privacy-policy/.

fe-shortening

I confirm that I have read and understood the Privacy Policy and consent to the collection, use, disclosure and retention of my personal information for the purposes of processing this application, managing my membership of the Scheme and as otherwise in accordance with the terms of the Privacy Policy.





Section 7: Identification details

Your application must be submitted with one of the address options and one of the identity sets below.

Present the following original documents in person to your local SBS Bank branch or approved distribution partner. Where presentation of the original documents is not possible, please provide certified copies of original documents by a Trusted Referee. Please refer to the Document Certification table for a list on who may certify original documents.

Please prov	ide one of the following sets of Name and Date o	f Birth Identification Documents:
Set One	– one primary identification document from Set On	ne; OR
	– one primary and one secondary identification do	
Set Three	 one primary and one secondary identification do 	ocument from Set Three.
	Identity Verification – Primary (Must be signed [where relevant] and current)	Identity Verification – Secondary (Must be signed [where relevant] and current)
Set One	New Zealand passport○ Overseas passport (with photo & signed)○ New Zealand firearms licence	 None required
Set Two	New Zealand drivers licence	SuperGold Card (signed)
		□ NZ registered Bank/Credit card (Name embossed & signed)
		NZ registered Bank statement issued in the last 12 months
		 Document issued by NZ Government (e.g. marriage licence)
		Statement issued by NZ Government agency (e.g. WINZ, IRD) issued in the last 12 months)
Set Three	New Zealand full birth certificate	New Zealand drivers licence
	Overseas full birth certificate	Overseas drivers licence (with photo)
	Certificate of New Zealand citizenship	☐ 18+ Card/Kiwi Access card
	Overseas citizenship certificate	☐ SuperGold Card (with photo & signed)
Must be a months of	Certificate of New Zealand citizenship Overseas citizenship certificate ed address verification documen ide one of the following Address Identification Do ddressed to you personally and, include your cur f presentation.	18+ Card/Kiwi Access card SuperGold Card (with photo & signed) t ccuments: rrent physical address, and be dated within 12
Electronic been post	copies are acceptable if they show the same placed to.	hysical address that they otherwise would have
Bank stat	ement from NZ registered bank issued in last 12 m	onths
Utility Bill	(Power, Phone, Internet, Gas, Water)	A signed Tenancy Agreement
Local autl	nority rates bill	Current Vehicle registration
Documen	t issued by NZ Government authority	☐ Insurance Policy (dwelling)
	k Financial Institution statement or correspondence	e Electronic White Pages
	ng Societies and AML/CFT reporting entities)	Sales and Purchase Agreement
Letter fro	om a New Zealand education institution	Rest/Retirement Home statement or
		correspondence





Document certification

If you are unable to present original documents in person then certified copies of original documents may be presented. These must be certified by a Trusted Referee.

A Trusted Referee must be over 16 years of age and can be any of the following:

- New Zealand Lawyer
- > Notary Public
- > Justice of the Peace

- > New Zealand Honorary Consul
- > New Zealand Chartered Accountant
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

The Trusted Referee must not be:

- > Related to the customer; for example, a trusted referee cannot be their parent, child, brother, sister, aunt, uncle or cousin
- > The spouse or partner of the customer
- A person who lives at the same address as the customer
- > A Person involved in the transaction or business requiring the certification

The Trusted Referee must sight the original document and provide a written statement to the effect that the copy provided is a true and correct copy of the original which they have sighted, and where a photograph is included, represents your identity. Certification must include the name, occupation, signature of the Trusted Referee and the date of certification. Where possible the document should be stamped or sealed noting the authority of that person (i.e. Justice of the Peace stamp). The certification must be provided to us within 3 months of its dating.

Example of certified driver licence





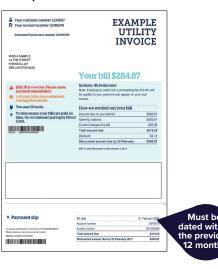
Required Certification statement for photographic document

I certify this to be a true and correct copy of the original, which I have sighted, and the photo represents a true likeness of the individual.

Name:	Jane Doe
Occupation:	Justice of the Peace
Signature:	Must be dated within the previous 3 months
Date:	20 03 20XX Jane Doe, JP #0000 AUCKLAND

Justice of the Peace for New Zealand

Example of certified address document



Required Certification statement for non-photographic

I certify this to be a true and correct copy of the original document, which I have sighted.

Name:	Jane Doe
Occupation:	Justice of the Peace
Signature:	Must be dated within the previous 3 months
Date:	Jane Doe, JP #0000 AUCKLAND Justice of the Peace for New Zealand

fe-shortening





Section 8: Medical practitioner's declaration of life-shortening congenital condition

Patient's details	
Title Given name(s)	Surname
Current postal address	
	Postcode
Medical practitioner's details	
I, Dr Given name(s)	Surname
of (workplace and town/city)	
	Postcode
Contact phone Email	address
Certify that:	
"listed condition" as identified by a regulation of Please identify which condition OR 4. In my opinion, the above named has since the expected to reduce their life expectancy to be	date of their birth, a life-shortening congenital condition which is a nade under Section 228(1)(mb) of the KiwiSaver Act. date of their birth, a life-shortening congenital condition that is slow 65 years for the patient or persons in general with this a brief description of the patient's condition and attach any sion)
Medical practitioner's signature Date DD MM YYYY	Medical practitioner's stamp
Medical Council registration number	





Section 9: Statutory declaration

I (full name)	
Of (address)	
Occupation	

solemnly and sincerely declare and agree that:

- I am applying to withdraw some or all of my KiwiSaver savings from my SBS Wealth KiwiSaver Scheme account.
 I understand that on full payment of my account balance I will no longer be a member of the SBS Wealth KiwiSaver Scheme.
- 2. I understand that if my life-shortening congenital condition withdrawal request is approved, my KiwiSaver funds are to be released to me as if I have reached the New Zealand superannuation qualification age (currently age 65).
- 3. I understand that after I make a life-shortening congenital condition withdrawal from my KiwiSaver account, I am no longer eligible to receive Crown contributions or compulsory employer contributions in relation to any of my future contributions, if any.
- 4. The information given in this form in relation to the periods in which I had my principal place of residence in New Zealand, to the best of my knowledge, is true and correct.
- 5. I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to the SBS Wealth KiwiSaver Scheme.
- 6. I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my SBS Wealth KiwiSaver Scheme account including where applicable any associated costs for the telegraphic transfer of the withdrawal to be remitted in the currency of the country in which the account resides and is subject to the requirements of the trust deed and KiwiSaver Act.
- 7. The information provided by me in this form is true and correct. I acknowledge that the Manager and the Supervisor of the SBS Wealth KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
- 8. I understand that the Manager and/or Supervisor of the SBS Wealth KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- 9. I understand that the Manager or the Supervisor may contact the medical practitioner providing the declaration in Section 8 for further information about my condition (if required). I consent to that medical practitioner providing my personal information to the Manager or Supervisor for that purpose.
- 10. I understand that the Manager and/or Supervisor of the SBS Wealth KiwiSaver Scheme may request additional information from me relating to this application.
- 11. I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or reliable, independent source.
- 12. I have read the privacy statement in this form.
- 13. I understand that once the Supervisor has received my withdrawal request, that request is irrevocable, whether it be by this form, a facsimile of this form, or any other means that may be acceptable to the Supervisor from time to time.

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

Note: Do not complete the following sec	tion until you are with the person witnessing your decla	ration.
Your signature		
Declared at (Place, for example town or	city) Da	te DD MM YYYY
Before me (Name of official witness)		fe-shortenir
	Stamp	
Signature of official witness		

Staff cannot take statutory declarations. A solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you. What you sign must be true. You can be prosecuted if you make a false declaration.