

# APPLICATION TO WITHDRAW FUNDS FROM LOCKED-IN ACCOUNT ON THE GROUNDS OF SERIOUS ILLNESS

You are entitled to withdraw some or all of your locked-in account if the Trustee is reasonably satisfied that you are suffering an illness, injury or disability:

- That results in you being **totally and permanently** unable to engage in work for which you are suited by reason of experience, education or training, or any combination of those things; or
- That poses a serious and imminent risk of death.

The information you provide in this form will be used by the Trustee to determine whether or not you meet the criteria for serious illness, as defined.

If you do not meet the requirements for a withdrawal on the grounds of serious illness, but you illness is causing significant financial hardship, you may still make a claim on the basis of significant financial hardship by completing the significant hardship claim form, available from Documents & forms on realsuper.superfacts.co.nz.

The Trustee will decide whether or not to approve your claim. The Trustee may require further information from you. If the Trustee approves your claim, you will be advised and payment will be made in accordance with your instructions.

### To apply for a serious illness withdrawal:

- Provide your personal details in Step 1
- Specify the amount you would like to withdraw in Step 2
- Complete and sign the declaration in Step 3 and have it witnessed.
- Ask your doctor to complete the medical assessment section of this form (Step 4)
- Please return your completed form (including the medical assessment) to: The Human Resources Officer, NZAS

If there is insufficient space for you to provide all of the relevant information please indicate this on the application form and attach to this form the further information.

## Step 1 – Complete your personal details

Given Names
IRD No: Title Mr/Mrs/Ms/Miss (Please circle one)
permit an early withdrawal for serious illness if they are satisfied that had er scheme, you would have been permitted under the KiwiSaver Act 2006 to

Step 2 – Request for serious illness withdrawal						
Give your reason/s for seeking a serious illness withdrawal:						
How much do you need?						
Amount \$Or: All available funds						
Step 3 – Statutory declaration						
I,						
Full name						
Of						
Town, city or district of residence and occupation						
Am suffering a serious illness.						
Request a serious illness withdrawal from my locked-in account.						
• Agree to provide such further information as may be required by the Trustee in considering my application.						
I solemnly and sincerely declare that to the best of my knowledge all the information I have provided in this form regarding my application is true and correct.						
I further solemnly and sincerely declare that I have had my principal place of residence in New Zealand since a locked- in account in the Fund was established for my benefit or, if otherwise, I have detailed below the periods for which I had my principal place of residence in New Zealand since a locked-in account in the Fund was established for my benefit.						
Please detail below the periods for which you had your principal place of residence in New Zealand since a locked-in account in the Fund was established for your benefit:						
From: To:						
From: To:						
From: To:						
And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.						
Signature 🗶						
Declared at this day of 20 Year						
Before me (please print) Justice of the Peace, or notary public, or solicitor of the High Court of New Zealand, or other person authorised to take statutory declarations						

Signature

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## Step 4 – Medical assessment of serious illness

Detient detaile						
Patient details First name(s):						
Surname						
Address						
					Postcode	
Doctor details						
l, Dr						
Please print full name	;					
of						
	ity or district	of residence				
Contact numbers						
			_	Mark 11. [		
Day time				Mobile		
Email						
Certify that:						
				ssessment of the patient:		
I form this opinion based on (give brief description of the patient's condition):						
Signature 🗴				Date /	/	
				Day	Month Year	