



# Craigs KiwiSaver Scheme

## Withdrawal Request - Life-shortening Congenital Condition

### WHERE TO SEND YOUR COMPLETED WITHDRAWAL FORM

Please either deliver your completed withdrawal form to the nearest Craigs Investment Partners branch, or post it to:

Craigs KiwiSaver Scheme  
Craigs Investment Partners Limited,  
Freepost 366, PO Box 13155,  
Tauranga 3141.

Phone: 0800 878 278  
Email: [clientservices@craigsip.com](mailto:clientservices@craigsip.com)

You may apply for a withdrawal from your Craigs KiwiSaver Scheme if you are suffering from a condition that has existed from the date of your birth:

a) that is identified as one of the following listed life-shortening congenital conditions:

- Down Syndrome (Down's Syndrome)
- Cerebral Palsy
- Huntington's disease (Huntington's chorea)
- Fetal alcohol spectrum disorder

b) for which you have medical evidence to verify that the congenital condition is expected to reduce your life expectancy (or persons in general with the condition) below the New Zealand superannuation qualification age (a non-listed condition).

Please note:

> If you withdraw from KiwiSaver due to a life-shortening congenital condition, you may no longer be eligible for social assistance or any other form of government assistance. Please contact your assistance provider to discuss your individual circumstances before you apply.

> If you make a withdrawal using this early withdrawal option, from the date of the withdrawal you will be treated as if you have reached retirement age. This means that you will no longer be eligible for the annual Government Contribution or compulsory employer contributions in relation to any continuing KiwiSaver contributions you make.

> A life-shortening congenital condition withdrawal will not prevent you from continuing in paid employment.

### A Your Details

#### Scheme Account Number

#### Title *please select one*

Mr  Mrs  Miss  Ms  Dr  Other

#### Full Name *first, middle and last name*

#### Mailing Address

Post code

Contact Phone

Email

Date of Birth

IRD Number

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

[craigsip.com](http://craigsip.com)



## B Withdrawal Request

Full withdrawal

Partial withdrawal\* *state amount required* \$ \_\_\_\_\_

Regular withdrawal\* *state frequency and amount required* \$ \_\_\_\_\_

Monthly

Quarterly

Annually

\*Funds will be deducted proportionally from all holdings unless otherwise specified.

Does your Craigs KiwiSaver account contain any funds that were transferred either directly or indirectly (including from another New Zealand superannuation or Kiwisaver scheme) from a registered UK pension scheme.

No

Yes

If yes, date of transfer | D | D | | M | M | | Y | Y | Y | Y | |

### Certified Copy

All identity documents must be certified by either a Justice of the Peace, a Lawyer, a Notary Public, a New Zealand Chartered Accountant, a New Zealand Police Constable or a Member of Parliament.

Certified documents must include the full name, occupation and an original signature of the certifier and the date of certification. Certification must have been carried out in the three months preceding presentation of the certified documents. The certifier must sight the original documents and make a statement that the documents provided are a true copy.

Alternatively, documents can be verified by your Craigs Investment Partners Adviser.

## C Payment Details

Direct to my bank account

*Payment will only be made to a bank account in your name (held individually or jointly) and will be paid to the bank account you have supplied with this form.*

Name of bank \_\_\_\_\_

Name of account \_\_\_\_\_

Account details | | | | | | | | | | | | | | | | | | | | | |

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

(Please provide a pre-enclosed deposit slip, copy of bank statement or certified verification of your bank account).

## D Contributions

### DIRECT

If your KiwiSaver contributions are currently paid direct to your Craigs KiwiSaver Scheme account (i.e they are not paid via the Inland Revenue) please indicate below how any regular contributions are to be treated.

Suspend all contributions

Contributions are to continue

### EMPLOYEE

If your KiwiSaver contributions are deducted from your wage/salary please indicate below how these contributions are to be treated.

I will continue to have my contributions deducted from my wage/salary

I have instructed my employer to cease KiwiSaver deductions

## E Identity Verification

- > Please provide a certified copy of your current New Zealand Driver Licence or New Zealand Passport,

or, we can identify you electronically:

**Electronically** - Please indicate below if you authorise us to verify your identity electronically and also **provide us with a copy** of the document you select below - either your valid New Zealand Passport or New Zealand Driver Licence (both sides). By selecting this option, you are authorising Craigs Investment Partners to use your personal information to verify your identity electronically with information held in third party databases (including the Department of Internal Affairs, NZ Transport Agency and a credit reporting agency).

**IF ELECTRONICALLY** please provide details for **one** of the following:

**NZ Passport**

NZ Passport Number

Expiry Date

| D | D | D | | M | M | | Y | Y | Y | Y | Y |

**NZ Driver Licence**

NZ Driver Licence Number

Card Version  
Number

Expiry Date

| D | D | D | | M | M | | Y | Y | Y | Y | Y |

*We will contact you if we are unable to verify your identity information electronically*

**I authorise Craigs Investment Partners to electronically verify my identity.**

## F Confidential medical practitioner's declaration of Life-shortening Congenital Condition

Please ask your doctor to complete the following declaration and provide any supporting documentary evidence from your doctor/specialist/hospital.

### F1 MEMBER TO COMPLETE

**Full Name** *first, middle and last name*

\_\_\_\_\_

**Mailing Address**

\_\_\_\_\_

**Post code** | | | | |

**Date of Birth**

| D | D | D | | M | M | | Y | Y | Y | Y | Y |

### F2

#### MEDICAL PRACTITIONER TO COMPLETE

I, Dr

\_\_\_\_\_

Of (practice)

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Work Ph

Mobile

\_\_\_\_\_

Email

\_\_\_\_\_

Medical Council of New Zealand registration number \_\_\_\_\_



**Solemnly and sincerely declare that:**

1. I am suffering from a life-shortening congenital condition, as defined by law, and I am applying to the supervisor for a withdrawal from my KiwiSaver account as detailed above to be paid to the bank account specified in this form.
2. All information provided in this form is complete, true and accurate.
3. I understand this withdrawal and any subsequent withdrawals are, subject to the Manager and/or Supervisor being satisfied I am eligible and that a withdrawal fee may be charged.
4. I indemnify the Supervisor, the Manager and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability in respect of my KiwiSaver account and any withdrawal application.
5. I consent to Craigs Investment Partners Superannuation Management Limited (and any companies in its group) collecting any relevant personal information, including health information from, and disclosing any relevant personal information to health service providers for the purposes of assessing this application and managing my KiwiSaver account. I consent to my personal information being disclosed to my Investment Adviser, and administrator, auditor, tax adviser or agent, and the IRD or third parties as required to process my redemption or in accordance with the law. I understand that I may request to see, and if necessary, request the correction of my personal information
6. I understand that if I withdraw my total balance and have not indicated otherwise, my account will be closed.
7. I understand that where my principal place of residence has not been in New Zealand, I am not entitled to Government Contributions during that period and these will be returned to the Inland Revenue.
8. I understand that my withdrawal value will be based on the unit /share price on the day my request is processed and may fluctuate.
9. I understand that my KiwiSaver funds are to be released as if I have reached New Zealand superannuation qualification age.
10. I understand that after the withdrawal of the funds I am no longer eligible to receive Crown contributions or compulsory employer contributions in relation to any future KiwiSaver contributions.

**Please tick the statement that applies:**

- During my entire KiwiSaver membership, my principal place of residence was New Zealand.

OR

- During my KiwiSaver membership, for a period of time I was living/working outside New Zealand.

- I was a government employee who was serving outside of New Zealand for the below period. ***Provide evidence with this withdrawal form and specify the dates below.***



- I was working as a volunteer, or for a token payment, for a charitable organisation which is named and meets the requirements set out in the Student Loan Schemes Act 1992.

***Provide proof that your voluntary work was one of the following reasons and specify the dates below:***



- To relieve poverty, hunger, sickness or the ravages of war or a natural disaster; ***or***
- To improve the economy of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance; ***or***
- To raise the education standards of a country that is listed on the Organisation for Economic Co-operation and Development's list of countries receiving development assistance.
- Other \_\_\_\_\_

Please specify below the period you were living/working outside New Zealand:

Period from | D | D | | M | M | | Y | Y | Y | Y | | To | D | D | | M | M | | Y | Y | Y | Y | |

Period from | D | D | | M | M | | Y | Y | Y | Y | | To | D | D | | M | M | | Y | Y | Y | Y | |

Period from | D | D | | M | M | | Y | Y | Y | Y | | To | D | D | | M | M | | Y | Y | Y | Y | |

I confirm that for all other periods my principal place of residence was in New Zealand.

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 *location*

\_\_\_\_\_

On | D | D | | M | M | | Y | Y | Y | Y | |

**Power of Attorney**

If this form is signed under Power of Attorney, please contact Craigs Investment Partners before you sign it. We will still send you the appropriate Certificate of Non-Revocation of Power of Attorney that must be signed by you when you sign the Withdrawal Request form.

**Before me** *please print your name and occupation, being a person authorised to take a statutory declaration under the Oaths and Declarations Act 1957*

Name

\_\_\_\_\_

Occupation

\_\_\_\_\_

Signature

\_\_\_\_\_ Date | D | D | | M | M | | Y | Y | Y | Y | |