



Craigs KiwiSaver Scheme

Withdrawal Request - Serious Illness

Serious illness means an injury, illness or disability that results in your being totally and permanently unable to do work you are suited to (because of experience, education, training or a combination of these) or illness that poses a serious and imminent risk of death.

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

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 preceeding 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.



Form Checklist

Please check that you have provided the following:

- This form with all sections completed, including the statutory declaration;
- A **certified copy** of your driver's licence or passport; and
- Please provide a pre printed deposit slip, a bank statement or a certified verification of your bank account.
- Supporting evidence from your doctor/specialist/hospital.

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

B

Withdrawal Request

- Full withdrawal
- Partial withdrawal* *state amount required* \$

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

CLIENT ACCOUNT NO.

INVESTMENT ADVISER

craigsip.com



C

Payment Details

please select your preferred payment option

Direct to my bank account

Payment will only be made to a bank account in your name (held individually or jointly) and will be 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 have applied for a KiwiSaver Contributions Holiday
 I will continue to have my contributions deducted from my wage/salary

E

Patient Medical Declaration of Serious Illness.

Please give full details of the injury, illness or disability of which you are suffering, and why this has resulted in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training, and/or why this poses a serious and imminent risk of death.

Please provide supporting documentary evidence from your doctor/specialist/hospital

F

Confidential doctor's medical declaration of serious Illness

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

F1

PATIENT TO COMPLETE

Full Name *first, middle and last name*

Mailing Address

Post code | | | | |

F2

DOCTOR TO COMPLETE

I, Dr _____

Of (workplace) _____

Town/City _____

Work Ph _____

Mobile _____

Email _____

Certify that:

- I am a registered medical practitioner with the Medical Council of New Zealand.
 - The above-named is a patient of mine and I have recently given them a full medical examination.
 - In my opinion, the above named has an:
 - Injury
 - Illness
 - Disability
 - This change in circumstance (please select one option):
 - Results in them being totally and permanently unable to engage in work for which they are suited by reason of experience, education or training, or a combination of these things.
 - Poses a serious and imminent risk of death.
- OR
- In my opinion, the member does not meet either of the criteria above.

My opinion is based on the following brief description of the patients condition:

Signature

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

Stamp of medical practice

G

Statutory Declaration

This section must be completed and signed in front of a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take a statutory declaration such as a Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament.

I, *full name*

of, address

Occupation

Solemnly and sincerely declare that:

1. All information provided is true and accurate.
2. I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to the Withdrawal Application and that no other person has any claim against it.
3. That this withdrawal and any subsequent withdrawals are, at the discretion of the Manager and/or Supervisor 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.
5. My Craigs KiwiSaver Scheme does not contain any funds that were transferred either directly or indirectly (including via another New Zealand Superannuation or KiwiSaver Scheme) from a UK registered pension scheme.
6. I understand that the information supplied in this withdrawal request will be used to process my redemption and will be held by Craigs Investment Partners Superannuation Management Limited (and any companies in its group). I consent to my personal information being disclosed to my Investment Adviser, and administrator, auditor, tax adviser, the supervisor, custodian, adviser or agent, and the IRD or third parties as required to process my redemption or in accordance with the law. I agree that additional information may be sought from my doctor. I understand that I may request to see, and if necessary, request the correction of my personal information.
7. I understand that where my principal place of residence has not been in New Zealand, I am not entitled to Member Tax Credits during that period and these will be returned to Inland Revenue.

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**

Continued on next page.

- 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 | |

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 | |