

Mercer KiwiSaver scheme

SERIOUS ILLNESS—REQUEST FOR WITHDRAWAL OF FUNDS



Definition of Serious Illness

The KiwiSaver Act 2006 defines serious illness to mean an injury, illness or disability:

- that results in the Member being **totally and permanently** unable to engage in work for which he or she is 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 contained within this form will be used by the trustee of the Mercer KiwiSaver scheme to determine whether or not you meet the criteria for a claim based on Serious Illness, as defined.


If you do not meet the requirements for a withdrawal on the grounds of serious illness, but your illness is causing significant financial hardship, you may still make a claim on the basis of 'Significant Financial Hardship' by completing the Significant Financial Hardship claim form, available on mercerkiwisaverscheme.co.nz.

Trustee decision

The trustee will make a decision 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.

Privacy Statement

The information comprised in this form and requested as attachments is being collected and will be held by Mercer (N.Z.) Limited ("Mercer") on behalf of the trustee of the Mercer KiwiSaver scheme. It is intended for use by Mercer to enable administration of your claim.

Please print in black or blue pen, in uppercase, one character per box and  all that apply.

PROCEDURE FOR COMPLETING THIS FORM

You must complete this form personally.

1. **Complete your personal details, how you would like to receive payment and the amount you would like to withdraw**

Steps 1 and 2 of the form must be completed by you.

2. **Confirm your identity**

3. **Complete the Statutory Declaration**

The Statutory Declaration (Step 4) must be made in front of a Lawyer, Justice of the Peace, Notary Public or other person authorised to take Statutory Declarations.

4. **Ask your doctor to complete the Medical section**

Membership number

STEP 1 – COMPLETE YOUR PERSONAL DETAILS

In this section we need to confirm that you are who you say you are.

Membership number

IRD number

 - -

Title Mr Mrs Ms Miss Other (please specify _____)

First name

Middle name(s)

Surname

Residential address

Number

Street name

Suburb

City

Postcode

Provide your mailing address if it's different from your residential address, otherwise leave blank

Mailing address

Number

Street name/PO Box

Suburb

City

Postcode

Telephone

Business hours

After hours

Mobile

E-mail

STEP 2 – WITHDRAWAL AMOUNT AND PAYMENT INSTRUCTIONS

A Amount of withdrawal

I apply to:

- withdraw the **full amount** of my accumulated funds (which includes my contributions, my employer's contributions (if applicable), fee subsidies (if any), the Crown kick-start contribution, member tax credits and investment earnings less fees).

By choosing this option, I agree that the trustee of the Mercer KiwiSaver scheme may close my KiwiSaver account.

OR

- make a **partial withdrawal** from my accumulated funds: \$

B Payment instruction

- I authorise my KiwiSaver funds to be credited to my bank account and **attach** a bank encoded deposit slip or copy of a bank statement printout.



To enable your savings to be credited to your bank account, you must provide details of a personal account in your name. Business accounts, family trust accounts and accounts of another person will not be accepted.

STEP 3 – CONFIRMING YOUR IDENTITY

Provide a certified photocopy of current and valid documents.



Copies of your documents can be certified by one of the following: Justice of the Peace, Notary Public, Member of Parliament or Lawyer.

The certifier must view the original document (not a fax, photocopy or scan) before writing their full name, occupation, date and signature and make a statement to the effect that the document(s) provided are a true copy and represent the identity of the named individual. Certification is valid for three months.

For a full list of acceptable documents and how these can be certified please visit Documents and Forms section on mercerkiwisaverscheme.co.nz website.

A Confirm your identity by providing a CERTIFIED COPY of (documents must be current and valid):

Option 1 – One of the following (please tick one):

Passport OR NZ Firearms Licence OR Government issued identity card

Document description

Document number

OR

Option 2 – Two of the following (please tick both):

Drivers Licence PLUS Birth Certificate OR Credit Card/EFTPOS (with name and signature)

Document description

Document number

Document description

Document number

B Confirm your residential address by providing an original or a certified copy of one of the following (can't be more than three months old):

Bank statement OR Utility bill OR Inland Revenue statement

STEP 4 – STATUTORY DECLARATION BY THE MEMBER

I, _____ of _____
(Full name) (Abode and Occupation)

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information which I have provided in this form and in all included materials is true and correct.
- I am seriously ill as per the definition of Serious Illness in the KiwiSaver Act 2006.
- I solemnly and sincerely declare that my principal place of residence during the period that I was a KiwiSaver scheme member was in New Zealand.
- (If you did not reside principally in New Zealand for any period, please specify the period(s).)
- By receiving payment of the claim, I release all claims that have been made or may be made on Mercer (N.Z.) Limited and/or the trustee of my KiwiSaver scheme.
- I have read and understood the information regarding the Privacy Act 1993.

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

Signature of member

Declared at this _____ day of _____ 20____
(Location) (Day) (Month) (Year)

Before me (please print) _____
Lawyer, Justice of the Peace, Notary Public or other person authorised to take Statutory Declarations.

Signature

Membership number

MEDICAL SECTION – DOCTOR’S CERTIFICATION OF SERIOUS ILLNESS (your doctor will need to complete this section)

Patient details

First name(s) _____ Surname _____

Address _____ Postcode _____

Doctor details

I, Dr _____ of _____
(Full name) (address)

Contact numbers Day time _____ Mobile _____

E-mail _____

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 him/her a full medical examination.
- In my opinion, the above named has an **injury, illness** or **disability** (tick option(s) that apply) that:
 - results in the Member being **totally and permanently** unable to engage in work for which he or she is suited by reason of experience, education or training or a combination of those factors; or
 - poses a serious and imminent risk of death.

I form this opinion based on (give a brief description of the patient’s condition):

Signed and Stamped by the Doctor

X

Date / /

 **Please return your completed form to:**
Mercer (N.Z.) Limited
PO Box 1849
Wellington 6140
New Zealand