

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 supervisor 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 www.mercerfinancialservices.co.nz.

Supervisor decision

The supervisor will make a decision whether or not to approve your claim. The supervisor may require further information from you. If the supervisor 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 supervisor 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 4 – STATUTORY DECLARATION BY THE MEMBER

I, _____ of, _____
full name address 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 supervisor 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