

# SBS Wealth KiwiSaver Scheme Life-shortening Congenital Conditions First Withdrawal Request Application Form



**If you wish to make a subsequent withdrawal or amend your regular withdrawal instructions, please complete the Subsequent Retirement Withdrawal Application Form.**

Use this form to apply for a withdrawal of funds from your account **if you are suffering from a life-shortening congenital condition.**

## **Before you get started**

- > You are required to make a Statutory Declaration (section 9). This must be witnessed by a solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you.
- > We need to verify your proof of address and identification before we can process your withdrawal application.

Please note that if you make a withdrawal under the life-shortening congenital condition category, you will be treated as if you have reached the New Zealand superannuation qualification age.

This means that after withdrawal of funds, you will no longer be eligible to receive:

- > Crown contributions; or
- > Compulsory employer contributions in relation to your future contributions, if any. This withdrawal may also impact any social assistance that you are currently receiving, if any.

## **What happens after you submit the form?**

- > We check your application is complete.
- > We refer your application to Inland Revenue to enable release of your Government contributions, if any.
- > Payment can normally be expected within 15 working days of receipt of your application.

If you require assistance completing this form then please contact us **0800 727 935** or email us at **contact@sbswealth.co.nz**.

## **IMPORTANT CHECKLIST (RETURN WITH FORM)**

**Before sending us the form please check you:**

(Please tick)

- ☐ Are fully aware of the requirements you must meet in order to qualify for this withdrawal;
- ☐ Have completed all sections of this form including the Statutory Declaration;
- ☐ Attach proof of your bank account such as a pre-printed bank deposit slip;
- ☐ If the bank account for payment is an overseas account you have completed the Swift and/or IBAN number;
- ☐ Attach a certified/verified copy of evidence of address (for a full list of acceptable documents, please refer to section 7 of this form);
- ☐ Attach a certified/verified copy of acceptable identity verification documents. This is usually by way of either: 1. a certified/verified copy of a New Zealand passport; or 2. a certified/verified copy of a New Zealand driver licence showing a photo of the applicant, together with a secondary form of identification. For a full list of acceptable documents, please refer to section 7 of this form;
- ☐ Have had your medical practitioner or specialist complete the medical practitioner's declaration in section 8.

## **Return form**

Please return the completed form and requested supporting documents to us by post: Post/courier: SBS Wealth KiwiSaver Scheme, PO Box 10445, Wellington 6143

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## Section 1: Member's details

Member **K S** DoB **DD MM YYYY** IRD number

Title Given name(s) Surname

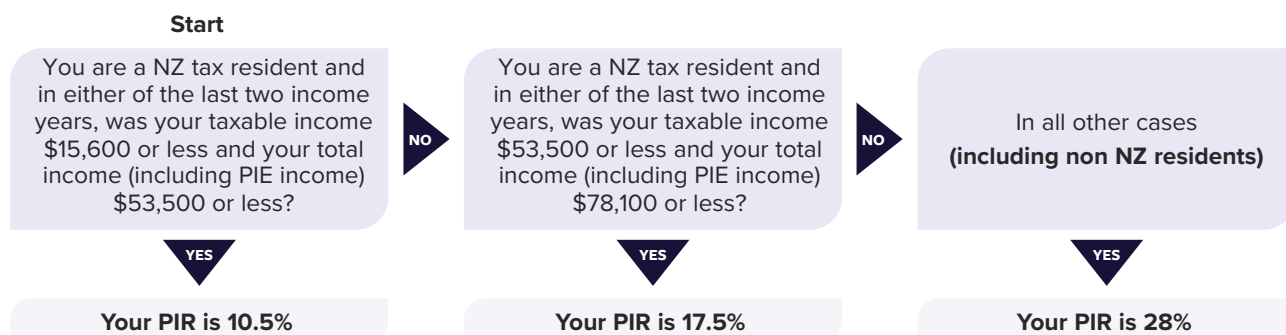
Current postal address

Postcode

Home phone Work phone Mobile

Email address\*

\*Supply email address if you wish to receive all communications regarding the SBS Wealth KiwiSaver Scheme via email. [Guide to calculate your PIR](#)



Prescribed Investor Rate ("PIR") (Please tick one) ☐ 10.5% ☐ 17.5% ☐ 28%

Refer to Inland Revenue ([www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate](http://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate)) for more information.

**Note: We will update your account with the contact details and PIR you provide above if they differ from our existing records.**

## Section 2: Withdrawal details

### Type of withdrawal

There may be delays in payment of regular withdrawals falling due in the first week of April to allow for tax calculations. Units will be redeemed sufficient to pay out the amount indicated below and any tax liability. A minimum balance of \$500 must be maintained to keep your KiwiSaver account open. Any partial or regular withdrawal will be deducted proportionally from each investment portfolio or fund that you are invested in according to your investment profile.

#### Full withdrawal

Your final Government Contribution claim will be processed by Inland Revenue before your withdrawal is actioned, so payment may take up to 15 working days from receipt of this form. After payment is processed you will no longer be a member of the SBS Wealth KiwiSaver Scheme.

☐ The total sum of my account balance and close account

#### Partial withdrawal (minimum of \$100 per withdrawal)

☐ A partial withdrawal to pay out \$

#### Regular withdrawal (minimum of \$100 per withdrawal)

☐ Establish a regular withdrawal to pay out \$

Regular withdrawal frequency (please tick one) ☐ Weekly ☐ Fortnightly ☐ Monthly

Regular withdrawal start date **DD MM YYYY**

## Section 3: Bank account details

We will make payments to a New Zealand bank account held in your name or jointly in your name. If you no longer have a New Zealand bank account we will only pay into your overseas bank account by telegraphic transfer remitted in the currency of the country in which the account resides (less any associated costs for the transfer including foreign exchange conversion). We will adjust your withdrawal amount for any tax liability.

Please pay (please tick one) ☐ To a New Zealand bank account ☐ To an overseas bank account by Telegraphic Transfer

Bank account name

Account number  -  -  -   
                                     Bank                                      Branch                                      Account number                                      Suffix

Bank Name  Branch  City

☐ **Please provide evidence of your bank account details** (please tick)  
 (attach a pre-printed deposit slip, copy of bank statement, over-the-counter printed receipt with a teller's stamp or on-line bank statement containing the name of the bank in the header or footer)

**Overseas bank details** (in addition to the above details please complete the following swift and/or IBAN details if the payment is to an overseas account)

Swift number  IBAN number

## Section 4: Confirmation of New Zealand residency

Government contributions made to your account cannot be withdrawn until you provide a Statutory Declaration confirming whether your principal place of residence was New Zealand for the duration of your KiwiSaver membership. If you lived or worked overseas and received Government contributions, we must refund that portion back to Inland Revenue.

**While you have been a KiwiSaver member** (please tick one)

- ☐ New Zealand has been my principal place of residence for the entire period I have been a member of KiwiSaver; **OR**  
☐ I was living overseas for the following periods and outside of these periods, my principal place of residence was in New Zealand.

From     To     From     To

## Section 5: Bankruptcy

**Have you ever been adjudicated bankrupt or admitted to a No Asset procedure?** (please tick one)

☐ No ☐ Yes (please provide details) Date

Official Assignee Reference/Case Number:

## Section 6: Privacy policy

For the latest version of our Privacy Policy please see [www.sbswealth.co.nz/privacy-policy/](http://www.sbswealth.co.nz/privacy-policy/).

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I confirm that I have read and understood the Privacy Policy and consent to the collection, use, disclosure and retention of my personal information for the purposes of processing this application, managing my membership of the Scheme and as otherwise in accordance with the terms of the Privacy Policy.

## Section 7: Identification details

Your application must be submitted with one of the address options and one of the identity sets below.

Present the following original documents in person to your local SBS Bank branch or approved distribution partner. Where presentation of the original documents is not possible, please provide certified copies of original documents by a Trusted Referee. Please refer to the Document Certification table for a list on who may certify original documents.

### Approved Identification Documents

Please provide one of the following sets of Name and Date of Birth Identification Documents:

- ☐ Set One – one primary identification document from Set One; **OR**
- ☐ Set Two – one primary and one secondary identification document from Set Two; **OR**
- ☐ Set Three – one primary and one secondary identification document from Set Three.

	Identity Verification – Primary (Must be signed [where relevant] and current)	Identity Verification – Secondary (Must be signed [where relevant] and current)
<b>Set One</b>	<input type="checkbox"/> New Zealand passport <input type="checkbox"/> Overseas passport (with photo & signed) <input type="checkbox"/> New Zealand firearms licence	– None required
<b>Set Two</b>	<input type="checkbox"/> New Zealand drivers licence	<input type="checkbox"/> SuperGold Card (signed) <input type="checkbox"/> NZ registered Bank/Credit card (Name embossed & signed) <input type="checkbox"/> NZ registered Bank statement issued in the last 12 months <input type="checkbox"/> Document issued by NZ Government (e.g. marriage licence) <input type="checkbox"/> Statement issued by NZ Government agency (e.g. WINZ, IRD) issued in the last 12 months
<b>Set Three</b>	<input type="checkbox"/> New Zealand full birth certificate <input type="checkbox"/> Overseas full birth certificate <input type="checkbox"/> Certificate of New Zealand citizenship <input type="checkbox"/> Overseas citizenship certificate	<input type="checkbox"/> New Zealand drivers licence <input type="checkbox"/> Overseas drivers licence (with photo) <input type="checkbox"/> 18+ Card/Kiwi Access card <input type="checkbox"/> SuperGold Card (with photo & signed)

### Approved address verification document

Please provide one of the following Address Identification Documents:

**Must be addressed to you personally and, include your current physical address, and be dated within 12 months of presentation.**

**Electronic copies are acceptable if they show the same physical address that they otherwise would have been posted to.**

- |  |   |
|--|---|
| <input type="checkbox"/> Bank statement from NZ registered bank issued in last 12 months   | <input type="checkbox"/> A signed Tenancy Agreement                       |
| <input type="checkbox"/> Utility Bill (Power, Phone, Internet, Gas, Water)   | <input type="checkbox"/> Current Vehicle registration                     |
| <input type="checkbox"/> Local authority rates bill  | <input type="checkbox"/> Insurance Policy (dwelling)                      |
| <input type="checkbox"/> Document issued by NZ Government authority  | <input type="checkbox"/> Electronic White Pages                           |
| <input type="checkbox"/> Non-bank Financial Institution statement or correspondence (e.g. Building Societies and AML/CFT reporting entities) | <input type="checkbox"/> Sales and Purchase Agreement                     |
| <input type="checkbox"/> Letter from a New Zealand education institution   | <input type="checkbox"/> Rest/Retirement Home statement or correspondence |

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## Document certification

If you are unable to present original documents in person then certified copies of original documents may be presented. These must be certified by a Trusted Referee.

### A Trusted Referee must be over 16 years of age and can be any of the following:

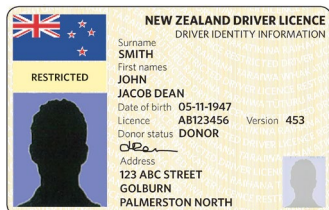
- > New Zealand Lawyer
- > Notary Public
- > Justice of the Peace
- > New Zealand Honorary Consul
- > New Zealand Chartered Accountant
- > A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

### The Trusted Referee must not be:

- > Related to the customer; for example, a trusted referee cannot be their parent, child, brother, sister, aunt, uncle or cousin
- > The spouse or partner of the customer
- > A person who lives at the same address as the customer
- > A Person involved in the transaction or business requiring the certification

The Trusted Referee must sight the original document and provide a written statement to the effect that the copy provided is a true and correct copy of the original which they have sighted, and where a photograph is included, represents your identity. Certification must include the name, occupation, signature of the Trusted Referee and the date of certification. Where possible the document should be stamped or sealed noting the authority of that person (i.e. Justice of the Peace stamp). The certification must be provided to us within 3 months of its dating.

### Example of certified driver licence



Must not be expired

### Required Certification statement for photographic document

I certify this to be a true and correct copy of the original, which I have sighted, and the photo represents a true likeness of the individual.

Name: Jane Doe

Occupation: Justice of the Peace

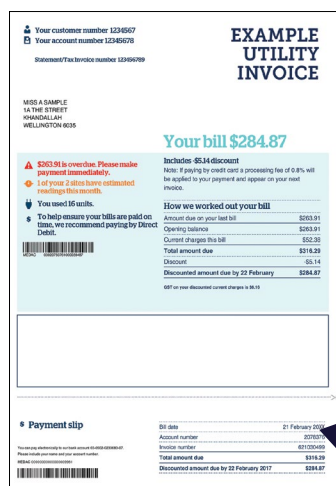
Signature: J Doe

Date: 20 03 20XX

Must be dated within the previous 3 months



### Example of certified address document



Must be dated within the previous 12 months

### Required Certification statement for non-photographic documents

I certify this to be a true and correct copy of the original document, which I have sighted.

Name: Jane Doe

Occupation: Justice of the Peace

Signature: J Doe

Date: 20 03 20XX

Must be dated within the previous 3 months



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## Section 8: Medical practitioner's declaration of life-shortening congenital condition

### Patient's details

Title  Given name(s)  Surname   
 Current postal address   
 Postcode

### Medical practitioner's details

I, Dr Given name(s)  Surname   
 of (workplace and town/city)   
 Postcode   
 Contact phone  Email address

### 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 since the date of their birth, has a life-shortening congenital condition which is a "listed condition" as identified by a regulation made under Section 228(1)(mb) of the KiwiSaver Act.  
 Please identify which condition   
 OR
- In my opinion, the above named has since the date of their birth, a life-shortening congenital condition that is expected to reduce their life expectancy to below 65 years for the patient or persons in general with this condition. **I form this opinion based on:** (give a brief description of the patient's condition and attach any relevant supporting information or documentation)

Medical practitioner's signature  Medical practitioner's stamp  fe-shortening  
 Date  DD  MM  YYYY   
 Medical Council registration number

## Section 9: Statutory declaration

I (full name)

Of (address)

Occupation

### solemnly and sincerely declare and agree that:

1. I am applying to withdraw some or all of my KiwiSaver savings from my SBS Wealth KiwiSaver Scheme account.  
I understand that on full payment of my account balance I will no longer be a member of the SBS Wealth KiwiSaver Scheme.
2. I understand that if my life-shortening congenital condition withdrawal request is approved, my KiwiSaver funds are to be released to me as if I have reached the New Zealand superannuation qualification age (currently age 65).
3. I understand that after I make a life-shortening congenital condition withdrawal from my KiwiSaver account, I am no longer eligible to receive Crown contributions or compulsory employer contributions in relation to any of my future contributions, if any.
4. The information given in this form in relation to the periods in which I had my principal place of residence in New Zealand, to the best of my knowledge, is true and correct.
5. I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to the SBS Wealth KiwiSaver Scheme.
6. I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my SBS Wealth KiwiSaver Scheme account including where applicable any associated costs for the telegraphic transfer of the withdrawal to be remitted in the currency of the country in which the account resides and is subject to the requirements of the trust deed and KiwiSaver Act.
7. The information provided by me in this form is true and correct. I acknowledge that the Manager and the Supervisor of the SBS Wealth KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including by omission).
8. I understand that the Manager and/or Supervisor of the SBS Wealth KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
9. I understand that the Manager or the Supervisor may contact the medical practitioner providing the declaration in Section 8 for further information about my condition (if required). I consent to that medical practitioner providing my personal information to the Manager or Supervisor for that purpose.
10. I understand that the Manager and/or Supervisor of the SBS Wealth KiwiSaver Scheme may request additional information from me relating to this application.
11. I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or reliable, independent source.
12. I have read the privacy statement in this form.
13. I understand that once the Supervisor has received my withdrawal request, that request is irrevocable, whether it be by this form, a facsimile of this form, or any other means that may be acceptable to the Supervisor from time to time.

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

**Note:** Do not complete the following section until you are with the person witnessing your declaration.

Your signature

Declared at (Place, for example town or city)  Date

Before me (Name of official witness)

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Signature of official witness  Stamp

Staff cannot take statutory declarations. A solicitor, Justice of the Peace or Registrar of a New Zealand Court can take this statutory declaration for you. What you sign must be true. You can be prosecuted if you make a false declaration.