AE KiwiSaver Plan

APPLICATION FOR WITHDRAWAL OF KIWISAVER CONTRIBUTIONS ON THE GROUNDS OF SIGNIFICANT FINANCIAL HARDSHIP OR SERIOUS ILLNESS - FACT SHEET

SIGNIFICANT FINANCIAL HARDSHIP

ELIGIBILITY CRITERIA

If you can provide evidence that you're suffering significant financial hardship, you may be able to withdraw some of your KiwiSaver savings. Significant financial hardship includes if you're:

- unable to meet minimum living expenses
- unable to meet mortgage repayments on the home you live in, resulting in your mortgage mortgage on your property
- modifying your home to meet special needs because of you or a dependent family member having a disability
- paying for medical treatment if you or a dependent family member:
    - becomes ill
    - has an injury, or
    - requires palliative care
    - suffering from a serious illness
    - incurring funeral costs if a dependent family member dies.

HOW CAN I APPLY?

Always-Ethical can only consider your situation after you have been a member of any KiwiSaver scheme for more than three months. If you have joined KiwISaver less than three months ago, please visit the following Inland Revenue link **http://www.ird.govt.nz/forms-guides/keyword/kiwisaver/ks05-form-ks-withdrawal-initial-contribution-hardship.html -** you will need to complete the KS5 withdrawal form.

To apply, you will need to complete the withdrawal form and provide supporting documentation which provides evidence that you are experiencing significant financial hardship. You will need to explain what has happened and show the Trustee evidence that you have financial hardship problems that cannot be solved by other means. The enclosed form collects the basic information. There may also be other additional information that is relevant to your particular circumstances – examples of such information include bank and credit card statements, budget advisory documents, letters and invoices from people who want payment, written quotations for essential services and correspondence from WINZ showing what your entitlements from WINZ.

Once we receive your application, our Trustee (Trustees Executors Limited) will review the application and decide whether to approve it. The Trustee may approve a partial withdrawal, rather than the maximum allowed, or may decline your application. To approve a withdrawal application on the grounds of significant financial hardship, the Trustee must be reasonably satisfied that the member is suffering or is likely to suffer from significant financial hardship and that reasonable alternative sources of funding have been explored and exhausted.

HOW MUCH CAN I WITHDRAW?

You may be able to withdraw the current value of your contributions and your employer's contributions, but you can't withdraw the $1,000 kick-start (if you were eligible) or any member tax credits. The amount you can withdraw may also be limited to a specified amount, based off the Trustee's opinion of what is required to alleviate your financial hardship.

SERIOUS ILLNESS

ELIGIBILITY CRITERIA

You may be able to withdraw your KiwiSaver savings early if you have an illness, injury or disability that either permanently affects your ability to work or poses a risk of death. You may need to provide medical evidence to support your application.

HOW CAN I APPLY?

Always-Ethical can only consider your situation after you have been a member of any KiwiSaver scheme for more than three months. If you have joined KiwISaver less than three months ago, please contact Inland Revenue (0800 549 472).

To apply, you will need to complete the withdrawal form; this includes a statutory declaration which your Doctor is required to complete to establish that you have an illness, injury or disability that either permanently affects your ability to work or poses a risk of death.

Once we receive your application, our Trustee (Trustees Executors Limited) will review the application and decide whether to approve it. The Trustee must be reasonably satisfied from the documentation provided that you have an illness, injury or disability that either permanently affects your ability to work or poses a risk of death.

HOW MUCH CAN I WITHDRAW?

You may be able to withdraw the total funds in your account, including the current value of your contributions, your employer contributions, the $1,000 kick-start (if you were eligible) and any member tax credits.

GENERAL INFORMATION

TO STOP FURTHER CONTRIBUTIONS BEING MADE

This application is to withdraw KiwiSaver contributions. If you also wish to stop any further contributions being made from your salary or wages, you must apply for a contributions holiday:

- You can apply for a contributions holiday within the first 12 months if you're experiencing, or likely to experience, financial hardship (details of which will be included on the KS5 form).
- You can also apply for a contributions holiday when you have been contributing to KiwiSaver for 12 months or more. You can apply for this by completing a Contributions holiday request form (KS 6).

BANK ACCOUNT DETAILS

We need your bank account details so we can direct credit any approved withdrawal to your bank account. If you don't have these details, send the form to us anyway.

If our Trustee approves your application we'll send you confirmation and pay the withdrawal amount they've assessed direct to your bank account. If the Trustee doesn't approve your application we'll send you a letter giving the reasons.

PRIVACY

The information you provide us either in this application or in the future may be used by Always-Ethical Limited (the Manager), the Supervisor and any related entities of either, the Financial Markets Authority (FMA), your financial adviser or the distribution entity through which you joined AE KiwiSaver Plan (if applicable), and by other service providers to AE KiwiSaver Plan to provide services in relation to your investment. You may ask to be shown the information held about you, and if any of the information is incorrect, ask for it to be corrected. On request we will also provide you with the name and address of any entity to which information has been disclosed. If you do not provide the information requested on this application form, we may be unable to process your application.

COMPLETED WITHDRAWAL APPLICATIONS

Please email to info@always-ethical.com with your supporting documentation.

ANY QUESTIONS?

If you have any questions about completing the withdrawal application, please do not hesitate to contact us by phone 0800 4 262624 or email info@always-ethical.com.

CHECKLIST

Before returning this Form, please make sure that you are fully aware of the requirements you must meet in order to qualify for this withdrawal and have:

- ☐ Completed AE KiwiSaver Plan Application for Withdrawal of KiwiSaver Contribution on the Grounds of Significant Financial Hardship or Serious Illness Form;
- ☐ Attached certified proof of identity (refer to page 5);
- ☐ Attached proof of bank account (refer to page 5);
- ☐ Bank statements from the last 90 days;
- ☐ List names and dates of birth for any and all dependants in your care; and
- ☐ Any outstanding bills, utility statements, and credit card statements which show your expenses.

CONTACT US

ALWAYS-ETHICAL LTD

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WEBSITE : WWW.ALWAYS-ETHICAL.COM

AE KiwiSaver Plan

APPLICATION FOR WITHDRAWAL OF KIWISAVER CONTRIBUTIONS ON THE GROUNDS OF SIGNIFICANT FINANCIAL HARDSHIP OR SERIOUS ILLNESS

Use this form to apply for an early withdrawal of KiwiSaver contributions held by AE KiwiSaver Plan if you are:

- experiencing serious illness, or
- experiencing, or likely to experience, significant financial hardship

SECTION A - GENERAL

IRD NUMBER ☐☐☐ ☐☐☐ ☐☐☐

YOUR IRD NUMBER IS A UNIQUE NUMBER ISSUED TO YOU BY INLAND REVENUE. SEE *WWW.IRD.GOVT.NZ*

TITLE ☐ MR ☐ MRS ☐ MISS ☐ MS ☐ OTHER _____

FIRST NAME (AS PER PHOTO ID PROVIDED)

MIDDLE NAME(S) (AS PER PHOTO ID PROVIDED)

LAST NAME (AS PER PHOTO ID PROVIDED)

PLEASE LIST ANY OTHER NAMES YOU ARE KNOWN BY

PHYSICAL ADDRESS (AS PER PROOF OF ADDRESS PROVIDED)

POST CODE

POSTAL ADDRESS

POSTCODE

DATE OF BIRTH (DD/MM/YYYY))

CONTACT PHONE NUMBER (LANDLINE)

MOBILE PHONE NUMBER

EMAIL ADDRESS

PLEASE SELECT ONE OF THE FOLLOWING REASONS YOU ARE APPLYING FOR:

☐ SERIOUS ILLNESS (GO TO SECTION B)

☐ FINANCIAL HARDSHIP (GO TO SECTION C)

BANK ACCOUNT DETAILS

Name of Account Holder

Account Number

☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Bank *Branch* *Account Number* *Suffix*

Name of Bank and Branch

Please provide proof of your bank account name and number by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

SECTION B - SERIOUS ILLNESS (please complete page 5 and 6)

Serious illness means an injury, illness or disability

- that results in you being totally and permanently unable to engage in work that you are suited to because of experience, education, or training, or any combination of those things, or
- that poses a serious and imminent risk of death.

For a serious illness withdrawal:

- ask your doctor to complete the doctor's declaration section of this form on page 6.

SECTION C - SIGNIFICANT FINANCIAL HARDSHIP (please complete page 5,7,8 and 9)

Significant financial hardship includes significant financial difficulties that arise:

- when you are:
  - unable to meet minimum living expenses
  - unable to meet mortgage repayments on your family residence, resulting in the mortgagee seeking to enforce the mortgage
- due to the cost of:
  - modifying your home to meet special needs arising from your or a dependant's disability
  - medical treatment for an illness or injury to you or your dependant
  - a funeral for your dependant
  - palliative care for a member or member's dependant.

How to apply for a significant financial hardship withdrawal:

- Complete the "Assets and liabilities" and "Income and expenses" sections of this form on page 7 and 8.
- Describe your situation at Questions 7 and 8 on page 9
- Specify the amount you would like to withdraw in Question 9 on page 9.
- Complete and sign the declaration on page 9 and have it witnessed.

CHECKLIST

Before returning this Form, please make sure that you are fully aware of the requirements you must meet in order to qualify for this withdrawal and have:

- ☐ Completed AE KiwiSaver Plan Application for Withdrawal of KiwiSaver Contribution on the Grounds of Significant Financial Hardship or Serious Illness Form;
- ☐ Attached certified proof of identity (refer to page 5);
- ☐ Attached proof of bank account (refer to page 5);
- ☐ Bank statements from the last 90 days;
- ☐ List names and dates of birth for any and all dependants in your care; and
- ☐ Any outstanding bills, utility statements, and credit card statements which show your expenses.

INVESTOR IDENTIFICATION

We have two options for clients to confirm their identity. Please select one of the options below.

Option 1: Electronic Identity Verification and Proof of Bank Account

AE can confirm the identity and/or New Zealand address of many of our clients electronically, with their permission. Please note that we use a third party system not owned by AE to conduct identity checks in this way.

☐ I confirm that I give AE authority to check my identity and/or address electronically using the documentation provided.
I have included a copy of my current signed NZ passport (preferred) or NZ Driver Licence (front & back).

☐ I accept to complete bank verification electronically via link provided by AE authority to my mobile number.

Option 2: Certified Copied of Identity Documents

You can provide certified photocopies of your documents (we need the physical copy that has been certified).

☐ I will provide certified identification documents.
See 'Investor Identification Requirements' for further detail, including who can certify them and correct certification wording.

INVESTOR IDENTIFICATION REQUIREMENTS

If you have opted not to use Electronic Identity Verification or did not pass this system check then you will need to provide the following documentation: **Please provide a certified photocopy of each document:**

- The documents can be verified by AE employee or certified by a Trusted Referee as described below.
- Any certified documents cannot be scanned to us (we need the copy that has been physically certified)
- Please do not send in original versions of your identity documents.

1. CERTIFIED COPY OF IDENTIFICATION

Option 1

One of the following:

☐ Current signed New Zealand Passport (preferred)

☐ New Zealand Firearms Licence

☐ Overseas Passport with proof of NZ residency

OR

Option 2

☐ New Zealand Driver Licence (front and back)

In combination with one of the following:

☐ Bank statement, dated within the last 3 months

☐ Valid credit or debit card with name embossed and signature

☐ Birth certificate

☐ Citizenship certificate

☐ Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 6 months

☐ SuperGold card with photo, name and signature

2. PROOF OF BANK ACCOUNT

Must state name and physical address, cannot be a PO Box address.

☐ I will provide the proof of bank account/bank statement (which can't be more than 3 months old)

Proof of Bank Account

Please provide proof of the nominated bank account name and number by supplying any one of the following:
- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

ACCEPTED TRUSTED REFEREES

Originals can be verified by an AE employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of identification must be presented to AE within three months of certification.

Identification must be certified by one of the following:

- Lawyer with a current practising certificate
- Chartered Accountant
- Member of the Police
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- New Zealand Honorary Consul
- Notary Public
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand
- If outside New Zealand, a person authorised by law to take a statutory declration (or equivalent) in that country.

The certifier must:

- For photograhic ID, make the statement "**I certify this to be a true copy of the original which I have sighted and represents a true and correct likeness of [name of the person presenting the documentation for certification].**"
- For certification of other documents, make the statement "**I certify this to be a true copy of the original which I have sighted.**"
- Include their **name, occupation and capacity to be a certifier** e.g. registration number (if applicable), **signature and date** of certifation.
- Not be living at the same address, a relative or spouse of the individual presenting the documents.

DOCTOR'S DECLARATION OF SERIOUS ILLNESS

Patient

Full name

First name(s) | Surname

Address

Street address or PO Box number

Suburb, box lobby or RD | Town or city | Postcode

Doctor

I, Dr

of

Contact number

Daytime | Mobile

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 has an injury, illness or disability (delete options below that don't apply) which:
  - results in them being totally and permanently unable to engage in work they are suited for (because of experience, education or training, or any combination of these) or
  - poses a serious and imminent risk of death.

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

Signature

Date

Day | Month | Year

INCOME Enter all income, including details of spouse or partner's income

Weekly income (after tax)

Salary/wages/pension/drawings	$
Part-time work	$
Spouse or partner's income	$
Self-employed income	$
Child support received	$
Working for Families Tax Credits	$
Department of Work and Income benefit/superannuation	$
Rent/board received	$
Interest/dividends	$
Other (specify)	$

Total weekly income (add all amounts in the column and print total in Box A) **A** $

EXPENSES Enter all expenses, including details of spouse or partner's expenses

Weekly payments

Food/groceries	$
Rent/board/mortgage	$
Bus/train/petrol	$
Childcare/school expenses	$
Child maintenance payments	$
Other (specify)	$
	$

Total weekly payments (add all amounts in the column and print total in Box B) **B** $

Monthly payments (to convert monthly payments to weekly payments, multiply by 12 and divide by 52 and put this figure in the weekly column)

	Monthly	Weekly
Gas/electricity	$	$
Telephone/mobile	$	$
Clothing	$	$
Hire purchase payments	$	$
Credit cards	$	$
Other (specify)	$	$

Total monthly payments (add all amounts in the column and print total in Box C) **C** $

Annual payments (to convert annual payments to weekly payments, divide by 52 and put this figure in the weekly column)

	Annual	Weekly
Vehicle insurance (e.g. car, boat, caravan)	$	$
Vehicle registration/warrant	$	$
House and contents insurance	$	$
Rates	$	$
Medical insurance/expenses	$	$
Life insurance/superannuation	$	$
Other (specify)	$	$

Total annual payments (add all amounts in the column and print total in Box D) **D** $

Office use only Calculation: Income (Box A) less expenses (Box B + Box C + Box D) = balance $

ASSETS AND LIABILITIES Enter all business and private assets and liabilities

ASSETS (show details)

Residential property (market value) — Value $

Other property (market value) — Value $

Vehicles (e.g. car, boat, caravan) — Value $
Please include the registration number
Model and year
Model and year — Value $
Model and year — Value $

Bank accounts
Bank and branch
Account number — Balance $
Bank and branch
Account number — Balance $
Bank and branch
Account number — Balance $

Other accounts
E.g. credit union, building society
Account type — Value $

Household goods — Value $

Life insurance/ superannuation policies
Company — Surrender Value $
Company — Surrender Value $
Company — Surrender Value $

Money owed
Owed to you by — Value $

Shares — Value $
Debentures — Value $
Other (e.g. bonus bonds, loans, personal belongings) — Value $

Total assets (add all amounts in the right-hand column and print total in Box E) — E $

LIABILITIES (show details)

Mortgages
Bank/institution — Value $
Bank/institution — Value $

Loans
Bank/institution — Value $
Bank/institution — Value $

Bank overdraft
Bank/institution — Limit $
Bank/institution — Limit $

Credit cards
Type — Limit $
Type — Limit $

Hire purchases
Item — Balance to pay $
Date purchased — Finish Date
Item — Balance to pay $
Date purchased — Finish Date

Trade accounts
Account name — Value $
Account name — Value $
Account name — Value $

Other debts
E.g. with Dept for Courts, Dept of Work and Income
Name of debt — Value $
Name of debt — Value $

Total liabilities (add all amounts in the right-hand column and print total in Box F) — F $

STATUTORY DECLARATION OF SIGNIFICANT FINANCIAL HARDSHIP

7. Give the reasons you are seeking a significant financial hardship withdrawal

8. What alternative sources of funding have you explored and what their limits are

9. How much money do you need?

Amount $ _____ or all available funds ☐

In granting this application the Trustee may consider the withdrawal of all or part of the amount. The Trustee may also request further financial information from you.

I, _____
Full name

of _____
Address

_____
Occupation

- request a withdrawal of my KiwiSaver contributions on the grounds of significant financial hardship.
- confirm that I have explored reasonable alternative sources of funding and their limits.
- verify that the completed income, expenditure and statement of financial position documents attached are true and correct to the best of my knowledge.

Further, I understand that the Trustee, in determining whether to meet this claim:

- might require further information from me relating to this application
- might need to seek and obtain information that is held by any other person or organisation that the Trustee considers appropriate for the purpose of checking the information in and to assist in assessing this application, and I authorise any person holding information relevant to this application to disclose it to the Trustee on request
- may limit the amount that is paid to an amount that in its opinion is required to alleviate my financial hardship, which may be less than the amount I am applying for
- will use and disclose information about my hardship and financial information for the sole purpose of assisting with the processing of this and any other financial hardship application I may make.

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

Applicant's signature _____

on _____
Day Month Year

before me
(please print) _____
Justice of the Peace, Solicitor of the High Court of New Zealand, Notary Public or other person authorised to take statutory declarations.

Signature _____

CONTACT US

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