

Medical Assurance Society Retirement Savings Plan Significant Financial Hardship Withdrawal Application



Please send this completed form and all documents by post to:

MAS
FREEPOST 884
PO Box 13042
Johnsonville, Wellington

For enquiries:
Phone 0800 800 627
Email info@mas.co.nz

i Important information

Use this form if you wish to withdraw all or part of your account balance as you are currently experiencing, or likely to experience, significant financial hardship. This includes if you are, or are likely to be:

- unable to meet minimum living expenses.
- unable to meet mortgage payments on your family residence, resulting in the mortgage provider seeking to enforce the mortgage on your property.
- modifying your home to meet special needs because of you or a dependant family member having a disability.
- paying for medical treatment if you or a dependant family member becomes ill, has an injury, or requires palliative care.
- incurring funeral costs if a dependant family member dies.

If your significant financial hardship has arisen or is likely to arise because you are suffering from a serious illness, please contact us before completing this form. You may be able to apply for a withdrawal on the grounds of serious illness.

You can apply to withdraw all of the funds in your Retirement Savings Plan. If your application is approved, you'll receive an amount that in the Trustees' opinion is required to relieve your hardship. This may be less than what you applied for.

If you provide all the information we need to assess your financial situation we'll be able to give you an outcome in 15 business days. If we have to ask for additional information, this will cause delays in the processing of your application.

1. Your information

Full name

Member number

Date of birth

Postal Address

Phone number

Email

Prescribed investor rate (PIR)

10.5%

17.5%

28%

Please refer to ird.govt.nz/toii/pir for more information on how to determine your PIR.

Spouse/partner full name

Is your spouse/partner in paid employment?

No

Yes

N/A

Home ownership status

Own

Rent

Other (please specify)

Dependents

Name	Age	Nature of relationship

How much money do you need?

Please outline how you would spend any approved withdrawal

2. Payment details

Please provide your bank account details. We can only pay your withdrawal to your New Zealand bank account; we can't pay third parties. Please attach proof of bank account, e.g. bank statement, deposit slip or signed screen print of your internet bank accounts. If you have provided us with this verification in the last 12 months, you do not need to provide it again.

Bank Branch Account number Suffix

Name of account

3. Assets and liabilities – enter all business and private assets and liabilities

Assets: please show details.

Residential property (market value) Value \$

Address

Other property (market value)

Address

Vehicles (e.g. car, boat, caravan – please include the registration number. Continue on a separate sheet if necessary.)

Model and year Registration number Value \$

Model and year Registration number Value \$

Bank accounts

Bank Branch

Account number Balance \$

Bank Branch

Account number Balance \$

Other accounts (e.g. credit union, building society. Continue on a separate sheet if necessary.)

Account type Balance \$

Household goods Value \$

Life insurance

Company Surrender value \$

Company Surrender value \$

Company Surrender value \$

Money owed

Owed to you by Value \$

Other assets

Shares Value \$

Fixed interest Value \$

Other (e.g. bonus bonds, loans, personal belongings) Value \$

Total assets (add all amounts in the right hand columns and print total in box A) A \$

5. Expenses – enter all expenses, including details of spouse or partner’s expenses

Weekly payments

Food/groceries	\$
Rent/board/mortgage (please attach a copy of your rental agreement)	\$
Bus/train/petrol	\$
Childcare/school expenses	\$
Child maintenance payments (please attach the child support letter from IRD)	\$
Other (please specify)	\$
Other (please specify)	\$

Total weekly payments (add all amounts in the column and print total in box D) **D** \$

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	\$	\$
Lease payments (please attach a copy of your current statement)	\$	\$
Hire purchase (please attach a copy of your current statement)	\$	\$
Credit cards	\$	\$
Other (please specify)	\$	\$

Total weekly payments (add all amounts in the column and print total in box E) **E** \$

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 of fitness	\$	\$
House and contents insurance	\$	\$
Rates	\$	\$
Medical insurance/expenses	\$	\$
Life insurance	\$	\$
Other (please specify)	\$	\$

Total annual payments (add all amounts in the column and print total in box F) **F** \$

Office use only

Calculation: income (box C) **less expenses** (box D + box E + box F) = **balance** **G** \$

7. Statutory declaration

I

of

and

request a withdrawal under the provisions of significant financial hardship.

I confirm that I have explored reasonable alternative sources of funding.

I confirm that the completed statement of financial position is true and correct to the best of my knowledge.

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

Witnessed by

Occupation

Please note: MAS staff or doctors can't take statutory declarations. The declaration may only be witnessed by a Justice of the Peace, solicitor or other person authorised to take a statutory declaration as set out in the Oaths and Declarations Act 1957.

Signature

Date

dd-mm-yy

8. Identification requirements

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS to verify the identity of new investors and, periodically, reconfirm information about existing investors.

Please select one of the options below.

Option One: Electronic Identity Verification and Proof of Address

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

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (preferred) (page showing name, date of birth, photo, and signature) or NZ Driver Licence (front & back).

Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

OR

Option Two: Certified copies of identity and address documents

If you have opted not to use Electronic Identity Verification, then you will need to provide certified copies of the following documentation:

Please provide us firstly with either

A certified copy of your current passport (page showing your name, date of birth, photo, and signature).

A certified copy of your New Zealand driver licence showing your name, signature and expiry date along with one of: certified copy of a bank statement issued to you by a registered NZ bank (dated within the last 12 months); valid credit or debit card with name embossed and signature; birth certificate; citizenship certificate; Government agency letter (e.g. IRD, Electoral Commission, etc.) dated within the last 12 months; SuperGold card with photo, name and signature.

A certified copy of New Zealand firearms licence.

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AND secondly one of the following showing your name and residential address (which can't be more than 90 days old):

A certified copy of a utility bill (power, gas, water, landline phone, SKY or internet service).

A certified copy of a document issued to you by a NZ Government agency e.g (IRD, ACC, Ministry of Justice NZQA, or WINZ).

A certified copy of a NZ council rates notice/valuation.

A certified copy of a residential rental agreement.

Who can certify your documents?

A MAS employee can verify your ID and proof of address. Alternatively, the following people can certify photocopies of original documents:

- Registered medical doctor
- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Charter Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

The certifier must:

- See the original document and make a statement to the effect that the documents provided are true and correct copies and confirm the identity of the named individual;
- State their full name and their capacity to act as a certifier; and
- Date the certification (no more than three months prior to the date of the application).

The certifier cannot be related to you or a person living at the same address, or a party of the application.

When certification occurs overseas, copies of the required documentation must be certified by a person authorised by law to take statutory declarations.

Please note carefully the requirements above. If we need to ask for further information, this will delay the processing of your application.

9. Checklist

I have	Completed all sections
I have attached	Copies of payslips (three)
	Copies of bank account statements (last three months)
	Copy of residential rental agreement (where applicable)
	Copy of overdue accounts and loans
	Copy of credit card statements (last three months)
	Evidence of your identity and address (as applicable for the option you have selected under Section 8)
	Proof of bank account

For assistance call 0800 800 627
or email info@mas.co.nz

