

Application for Withdrawal form

On the grounds of significant financial hardship or serious illness



MAS
FREEPOST 884
PO Box 13042
Johnsonville, Wellington
-
Phone 0800 800 627
Fax (04) 477 0109
Email info@mas.co.nz

i Important information
Please use this form for a withdrawal from your Medical Assurance Society KiwiSaver Plan or Retirement Savings Plan if you are:

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

Application type

This application applies to (please check one only):

- My Medical Assurance Society KiwiSaver Plan
 My Medical Assurance Society Retirement Savings Plan

Section A: General

Your IRD number Your Member number

Full name
Title First name(s) Surname

Spouse/partner full name
Title First name(s) Surname

Is your spouse/partner in paid employment? Yes No N/A

Residential address City Postcode

Postal address (if different from above) City Postcode

Home ownership status Rent Board Own home Other (please specify)

Dependents

Name	Age	Nature of relationship

Are you applying because of:
 Serious illness (Please complete sections B and D) Significant financial hardship (Please complete sections C to D)

How much money do you need? \$

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

Please outline how you would spend any approved withdrawal

Privacy Act 1993: We ask for information so we can effectively manage your account, under the KiwiSaver Act and/or Financial Markets Conduct Act 2013. You must, by law, give us this information.

You can ask to see the personal information that MAS holds about you by calling us on **0800 800 627**.

Proof of identity

It is a requirement of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and MAS's own compliance procedures that all Members are formally identified. All applications to withdraw fully or partially must be submitted with one of the following ID options, unless MAS has recent identification from the Member. Please note that the ID you provide must be current, i.e. not expired. Please select one of the following three options:

Option 1

- ¹Certified verification of residential address. ²Certified copy of one of:

Appropriate pages of New Zealand or overseas passport, containing your name, date of birth, photograph and signature.

Proof of identity (cont.)

- New Zealand firearms licence.
- New Zealand certificate of identity.
- Government issued national identity card containing your name, date of birth, photograph and signature.

ID type

ID number

Country

Expiry date

dd-mm-yyyy

Option 2

¹Certified verification of residential address.

²Certified copy of:

- New Zealand driver licence

DL number

Expiry date

dd-mm-yyyy

AND

²Certified copy of one of:

- ATM (EFTPOS), debit or credit card issued by a New Zealand registered bank (provided your name and signature is on the card).
- Bank account statement issued by a New Zealand registered bank in the last 12 months.
- Statement from the IRD issued in the last 12 months.
- SuperGold card.

Secondary ID type

Outline details

Option 3

¹Certified verification of residential address.

²Certified copy of one of:

- 18+ card / New Zealand driver licence.
- overseas licence.
- valid and current international driving permit.

ID number

Expiry date

dd-mm-yyyy

AND

²Certified copy of one of:

- New Zealand or overseas full birth certificate.
- New Zealand or overseas citizenship certificate.

Secondary ID type

ID number

Country

Expiry date

dd-mm-yyyy

¹Proof of residential address

- Proof of your physical address is required. Please supply a certified copy of one form of the following documents issued within the last 12 months: utility bill, bank account statement, IRD statement, rates bill, car registration document, residential tenancy agreement, hire purchase agreement or some other formal document that confirms your physical address.
- If you MAS adviser meets you at your residence, they are able to provide confirmation of your address.

²Certification

- Copies of ID can be certified as true copies with an original signature by a NZ Police Constable, NZ lawyer, NZ chartered accountant, registered medical doctor, Justice of the Peace, notary public or member of Parliament. The full name of the certifier and their capacity to act as a certifier, and the date of certification (date no more than three months prior to the date of the application) must be clearly noted. The certifier must sight the original ID and make a statement to the effect that documents provided are true copies and represent the identity of the named individual. The certifier cannot be related to the applicant or a person living at the same address.
- A MAS employee is able to confirm that documents provided are true copies by sighting the original documentation.
- When certification occurs overseas, copies of required documentation must be certified by a person authorised by law in that country to take statutory declarations.

Section B: Serious illness

Serious illness means an injury, illness or disability that results in your being totally and permanently unable to do work you are suited to (because of experience, education, training or a combination of these) or illness 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.

Patient's full name	First name(s)	Surname
Patient's address	City	Postcode

Consent: I, the patient, consent to provide medical records and information relating to my serious illness to the Trustee to support my application for refund of my contributions.

Signature		Date	dd-mm-yyyy
-----------	--	------	------------

Doctor's declaration of serious illness

I, Dr.			
Of		City	
Phone	Home	Work	Mobile
Email			

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 (*please cross out the option below that doesn'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 (*please give a brief description of the patient's condition*):

Records/reports attached?

- I confirm that information provided is true and accurate.

Signature		Date	dd-mm-yyyy
-----------	--	------	------------

Medical practice stamp

Please go to section D.

Section C: Significant financial hardship

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.
 - personal care for a Member or Member's dependant.

How to apply for a significant financial hardship refund:

- Answer all questions under the 'Declaration of significant financial hardship' section of this form.
- Complete the 'Assets and liabilities', 'Income', and 'Expenses' sections of this form.
- Complete and sign the Member declaration on page 8 and have it witnessed.

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

Assets: please show details.

Residential property (market value)					Value	\$
Address		City				
Other property (market value)						
Address		City				
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Balance	\$
	Bank	Branch	Account number	Suffix		
Bank				Branch		
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Balance	\$
	Bank	Branch	Account number	Suffix		
Other accounts (e.g. credit union, building society. Continue on a separate sheet if necessary.)						
Account type					Balance	\$
Household goods					Value	\$
Life insurance/superannuation policies						
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	\$

Assets and liabilities – enter all business and private assets and liabilities (cont.)

Liabilities/debts: please show details.

	Interest rate		Amount owing
Mortgages			
Bank/institution	%	Value \$	\$
Other properties	%	Value \$	\$
Loans			
Bank/institution	%	Value \$	\$
Bank/institution	%	Value \$	\$
Bank overdraft			
Bank/institution	%	Value \$	\$
Credit cards			
Type	%	Limit \$	\$
Type	%	Limit \$	\$
Leases			
Item	%	Purchase amount \$	\$
Date purchased	Finish date		
dd-mm-yyyy	dd-mm-yyyy		
Item	%	Purchase amount \$	\$
Date purchased	Finish date		
dd-mm-yyyy	dd-mm-yyyy		
Hire purchases			
Item	%	Purchase amount \$	\$
Date purchased	Finish date		
dd-mm-yyyy	dd-mm-yyyy		
Trade accounts			
Account name	%	Value \$	\$
Account name	%	Value \$	\$
Account name	%	Value \$	\$
Other debts (e.g. with the Ministry of Justice, Work and Income New Zealand, etc)			
Name of debt	%	Value \$	\$
Name of debt	%	Value \$	\$
Total liabilities (add all amounts in the right hand columns and print total in box B)			B \$

Income – enter all income, including details of spouse or partner's income

Weekly income after tax

Salary/wages/pension/drawings (please attach a copy of your last three payslips)

\$

Part-time work (please attach a copy of your last three payslips)

\$

Spouse or partner's income (please attach a copy of their last three payslips)

\$

Self-employed income

\$

Child support received

\$

Working for Families tax credits (previously known as Family Assistance)

\$

Department of Working and Income benefit/superannuation (please attach a copy of the letter from WINZ)

\$

Rent/board received

\$

Interest/dividends

\$

Other (please specify)

\$

Other (please specify)

\$

Total weekly income (add all amounts in the column and print total in box C)

C \$

If spouse has recently lost their job, state former income (weekly)

\$

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

Weekly payments

Food/groceries	\$
Rent/board/mortgage <i>(please attach a copy of your rental agreement)</i>	\$
Bus/train/petrol	\$
Childcare/school expenses	\$
Child maintenance payments <i>(please attach the child support letter from IRD)</i>	\$
Other <i>(please specify)</i>	\$
Other <i>(please specify)</i>	\$
Total weekly payments <i>(add all amounts in the column and print total in box D)</i>	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 <i>(please attach a copy of your current statement)</i>	\$	\$
Hire purchase <i>(please attach a copy of your current statement)</i>	\$	\$
Credit cards	\$	\$
Other <i>(please specify)</i>	\$	\$
Total weekly payments <i>(add all amounts in the column and print total in box E)</i>	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 <i>(e.g. car, boat, caravan)</i>	\$	\$
Vehicle registration/warrant of fitness	\$	\$
House and contents insurance	\$	\$
Rates	\$	\$
Medical insurance/expenses	\$	\$
Life insurance/superannuation	\$	\$
Other <i>(please specify)</i>	\$	\$
Total annual payments <i>(add all amounts in the column and print total in box F)</i>	F	\$

Office use only

Calculation: income (box C) less expenses (box D + box E + box F) = balance

G	\$
----------	----

Declaration of significant financial hardship

Has your landlord threatened to evict you?

Yes

No

Not applicable

Has your mortgagor threatened to foreclose on your mortgage?

Yes

No

Not applicable

If you answered yes to any of these questions, please attach proof, i.e. landlord or bank letter.

Please provide the reasons you are seeking a **significant financial hardship withdrawal**

Have you sought advice from the Citizens Advice Bureau?

Yes

No

Have you approached your bank to refinance?

Yes

No

Have you approached WINZ for assistance?

Yes

No

If you answered yes to any of these questions, please attach proof, i.e. a letter of response from the institution.

What alternative sources of funding have you explored and how much will this provide?

Section D: Member declaration

I, (full name)	First name	Surname	
Of, (address)		City	Postcode
Occupation			

request a withdrawal under the provisions of significant financial hardship or serious illness.

For significant financial hardship requests

- 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.

For KiwiSaver serious illness requests only

I solemnly and sincerely declare that:

- I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver.
- I was living overseas for the following dates to (add a separate list if required) and I understand I do not qualify to be paid the member tax credit/s for this period.

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

All applicants			
Applicants signature		Date	dd-mm-yyyy
Before me (please print)			
<i>Justice of the Peace, solicitor of the High Court of New Zealand or other person authorised to take statutory declarations.</i>			
Signature			

Checklist

- | | |
|---|---|
| I have | <input type="checkbox"/> Completed sections B and D – Serious illness |
| I have attached | <input type="checkbox"/> Completed sections C to D – Significant financial hardship |
| For significant financial hardship requests I have attached | <input type="checkbox"/> Proof of identity under option 1, 2 or 3 |
| | <input type="checkbox"/> Copy of bank deposit slip |
| | <input type="checkbox"/> Copies of payslips (three) |
| | <input type="checkbox"/> Copies of bank account statements (last three months) |
| | <input type="checkbox"/> Copy of residential rental agreement |
| | <input type="checkbox"/> Copy of overdue accounts and loans |
| | <input type="checkbox"/> Copy of credit card statements (last three months) |



0800 800 627
mas.co.nz