



# Medical Assurance Society KiwiSaver Plan

## First or Previous Home Owners Withdrawal Form

Please send the completed form along with evidence required to:  
**MAS Superannuation,**  
**PO Box 91976,**  
**Victoria Street West,**  
**Auckland 1142.**

### **i** Important information

#### Eligibility to withdraw

- This is not an application for the KiwiSaver HomeStart grant.
- Please contact Housing New Zealand Corporation (HNZC) to apply for the grant (hnzc.co.nz).
- You must have been a member of KiwiSaver for at least three years to apply for this withdrawal.
- Please ensure that your application and all required documentation is received by MAS at least seven days before the settlement date.
- A minimum of \$1,000 must remain in the account as well as any amount transferred to KiwiSaver from an Australian complying superannuation scheme (disregarding positive or negative investment returns on that amount).
- Please ensure you meet all the conditions set out under the statutory declaration section.
- Previous home owners must provide HNZC confirmation that they qualify.

### Member details

Title	First name(s)		
Surname			
Member number			
Postal address	City	Country	
Email address			
Phone number	Home	Work	Mobile

### 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 become a Member or to take out product with MAS must be submitted with one of the following ID options. Please note that the ID you provide must be current, i.e. not expired.

Please select one of the following three options:

#### Option one

<sup>2</sup>Certified verification of residential address.

<sup>3</sup>Certified copy of one of the following:

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

<sup>2</sup>Certified verification of residential address.

<sup>3</sup>Certified copy of your New Zealand driver licence. DL number  Expiry date  dd-mm-yyyy

AND

<sup>3</sup>Certified copy of one of the following:

- 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 IRD issued in the last 12 months.
- SuperGold card.

Secondary ID type				
Outline details				

#### Option three (cont. overleaf)

<sup>2</sup>Certified verification of residential address.

<sup>3</sup>Certified copy of one of the following:

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

ID number	<input type="text"/>	Expiry date	<input type="text"/>	dd-mm-yyyy
-----------	----------------------	-------------	----------------------	------------

## Proof of identity (cont).

### Option three (cont).

AND

<sup>3</sup>Certified copy of one of the following:

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

Secondary ID type

ID number

Country

Expiry date

dd-mm-yyyy

## <sup>1</sup>Proof 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 your MAS adviser meets you at your residence, they are able to provide confirmation of your address.

## <sup>2</sup>Certification

- Copies of ID can be certified as true copies with an original signature by a Member of the NZ Police, NZ lawyer, NZ chartered accountant, registered medical doctor, Justice of the Peace, notary public, Member of Parliament or a person who has the legal authority to take statutory declarations in NZ. 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, or a person involved in the transaction or business requiring certification.
- 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.

## UK pension transfers

Have you transferred money into the Medical Assurance Society KiwiSaver Plan from a UK Pension Scheme?

No

Yes - please contact us as we will require more information before we are able to process your request.

## Withdrawal details

Type of withdrawal (please tick one)

First home withdrawal (*this applies if you have not held an estate in land before, whether alone or jointly with another person*); or

Previous home owners withdrawal (*this applies to members who have held an estate in land before. If you are applying for a previous home owners withdrawal, you will need to attach confirmation from HNZA that you qualify. Visit [hnzc.co.nz](http://hnzc.co.nz) for more information*).

Amount of withdrawal

Subject to the trust deed for the Medical Assurance Society KiwiSaver Plan, I request:

A partial withdrawal of \$  from my Medical Assurance Society KiwiSaver Plan.

A withdrawal of my full available\* balance from my Medical Assurance Society KiwiSaver Plan.

*\*A minimum of \$1,000 must remain in your account, along with any transferred Australian savings.*

Any partial withdrawal will be deducted proportionally from each investment portfolio that you have invested in. If you make a full withdrawal, you will remain a member in the Plan and you may continue contributing to the Plan, subject to the requirements of the trust deed. The Manager will adjust your withdrawal transaction for any tax liability arising as a result of your withdrawal request. Acceptance of your first or previous home owners withdrawal request is at the discretion of the trustee.

The first or previous home owners withdrawal request will be processed by the Administration Manager, Link Market Services Limited.

For enquiries regarding payments in progress, please contact us on **0800 627 738**.

## New Zealand solicitor or licensed conveyancer's details

Solicitor's name

Solicitor's company

Contact number

Postal address

City

Postcode

Please have your solicitor provide the items listed under the statutory declaration. We will provide you with a copy of the solicitor's certificate for completion.

## Privacy

The information on this application is to enable Medical Assurance Society (MAS) to arrange and administer your application and to correspond with you in relation to your application. Under the Privacy Act 1993, you have the right to access and correct any personal information held by MAS.

## Statutory declaration

I do solemnly and sincerely declare that:

- I have had my principal place of residence in New Zealand for the entire period that I have been a member of KiwiSaver; or
- I was living overseas for the following period/s: \_\_\_\_\_

and I understand I do not qualify to be paid the member tax credit/s for this period/s.

I also declare that:

- I have read the privacy information set out in this first or previous home owners withdrawal form.
- I have never made a withdrawal from a KiwiSaver scheme (*whether this scheme or any scheme to which I previously belonged*) for a first or previous home owners withdrawal before.
- I have been a member of one or more KiwiSaver schemes for three years or more.
- The property I am purchasing is intended to be my principal place of residence and it is in New Zealand.
- I understand I must leave a minimum of \$1,000 in the account as well as any amount transferred to KiwiSaver from an Australian complying superannuation scheme (*disregarding positive or negative investment returns on that amount*).
- Except where this application relates to a previous home owners withdrawal, I have either not held an estate in land before, or any previous estate was or is held on the basis described in Rule 8(5) of the KiwiSaver scheme rules.
- I understand that should the information given be incomplete or incorrect, the trustee of the Medical Assurance Society KiwiSaver Plan will not be able to complete its assessment of my application without receiving the complete and correct information.
- I understand that my application for a first or previous home owners withdrawal is subject to the approval of the trustee, and the trustee receiving:
  - a pre-printed bank deposit slip for my solicitor or licensed conveyancer's trust account.
  - a copy of the sale and purchase agreement which clearly shows me as the purchaser.
  - a certificate from my solicitor or licensed conveyancer containing an undertaking (in a form acceptable to the trustee) relating to the unconditional nature of the agreement and the application of funds withdrawn.
- I understand that my withdrawal value will be based upon the portfolio value(s) at the date my request is processed.

I agree that any solicitor who has or will provide information about my first or previous home owners withdrawal may be approached by MAS, and I hereby authorise such solicitor to give such further information in relation to this purchase as requested by MAS. A photocopy of this authorisation shall be read as the original. **And I solemnly and sincerely declare that the information provided by me is true and correct.**

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

Member name		Occupation	
Of		City	Postcode
Member signature		This	Day of
Declared at			20

**before me (signature, occupation and address of person before whom the declaration is made):**

Witness name		Position or title	
Address		City	Postcode
Signature			

### Statutory declaration made in New Zealand

**Please note: MAS staff or Doctors can't take statutory declarations.**

A statutory declaration made in New Zealand under the Oaths and Declarations Act 1957 must be made before a person described in section 9 of that Act including:

A Justice of the Peace, a Barrister or Solicitor of the High Court, a Notary Public, the Registrar or Deputy Registrar of the High Court or of any District Court, or other person authorised to take a statutory declaration.

## Checklist

**Before returning this application, please ensure that:**

1. you have answered all questions in this first and previous home owners withdrawal form and completed the statutory declaration in the required manner.
2. if you are applying for a previous home owners withdrawal, you have attached confirmation from Housing New Zealand Corporation that you qualify.
3. you are fully aware of the requirements you must meet in order to qualify for this withdrawal and that final approval of your withdrawal is subject to the Trustee's approval process.
4. you have attached:
  - Proof of identity and address under option one, two or three.
  - A copy of the sale and purchase agreement which clearly shows you as the purchaser.
  - Your solicitor's or conveyancer's certificate and undertaking (unless those have been provided separately).
  - A pre-printed deposit slip for your solicitor's or conveyancer's trust account.