

MAS Retirement Savings Scheme

Serious Illness and Permanent Disability Withdrawal Application Form



Please send completed form and supporting documents by post to:

FREEPOST 884
Medical Assurance Society
PO Box 957,
Wellington 6140

For assistance:

Phone 0800 800 627
Email info@mas.co.nz

Important information

Serious illness means an injury, illness or disability that results in you 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.

The Supervisor, Public Trust, will determine whether you're eligible for a serious illness withdrawal.

You can apply to withdrawal all or part of your account balance. Please note, a full withdrawal will result in your account being closed.

Your application will be processed as soon as is practically possible.

Please ensure your health practitioner completes the health practitioner's declaration contained in this form.

Please also provide any supporting medical documents confirming your condition.

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/pir for more information on how to determine your PIR.

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

Please proceed to section 3 →

3. Health Practitioner's declaration

Patient's full name

Title	First names (s)	Surname
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Patient's address

City	Postcode
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I, _____ Of

Medical practice etc

Contact Phone

Home	Work	Mobile
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Email

Certifier that:

- I am a registered health practitioner with either the Medical or Nursing Council of New Zealand, and the assessment covered by this certification is within my scope of practice.
- The above named is a patient of mine and I have recently given him/her a full medical examination.
- In my opinion, the person named above (*please tick one option below*):

Has an injury, illness or disability that 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

Has an injury, illness or disability that poses a serious and imminent risk of death; or

Does not have an injury, illness or disability that meets either of the two previous criteria.

I have formed this opinion based on (*please give a brief description of the patient's condition*):

Please tick if you have attached additional reports or records in support of the declaration.

Signature _____ Date

dd-mm-yyyy

Medical practice/Health practitioner stamp

Medical or Nursing Council Registration number

4. Statutory declaration

I
of
and

Do solemnly and sincerely declare that:

I understand that acceptance of the application is at the discretion of the Supervisor and the Manager, Medical Funds Management Limited, and/or the Supervisor may request additional information from me relating to this application.

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

Postal Address

Please note: The declaration may only be witnessed by a Justice of the Peace, solicitor or the person authorised to take a statutory declaration as set out in the Oaths and Declaration Act 1957.

Signature

Date

5. Withdrawal and Acknowledgement

I request a withdrawal of my full available balance under the provisions of serious illness. I understand that my account will be closed.

I request a partial withdrawal of from my account.

I understand that the Manager, and/or the Supervisor, may contact the health practitioner providing the declaration on page 2 for more information about my condition if required. I consent to that health practitioner providing my personal information to the Manager and/or the Supervisor for that purpose.

I understand that the withdrawal value will be based upon the unit price(s) applying on the business day my request is approved or accepted and that fees, taxes and expenses may be deducted.

Privacy Statement

We collect, store, use, and disclose your personal information in accordance with our Privacy Statement which is available on our website at mas.co.nz/privacy-statement. You can contact us in relation to your privacy by emailing privacyofficer@mas.co.nz or calling us on 0800 800 627

Signature

Date

6. Identification requirements

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS, on behalf of the Manager, 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 (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 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 your New Zealand firearms licence.

AND one of the following showing your name and residential address (which can't be more than 12 months 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 Chartered 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.

7. Checklist

Make sure you send us everything listed below, as we can't consider your request without the following:

Your completed application.

Supporting documents (Specialist(s) or hospital reports).

Signed Health Practitioner declaration.

Statutory declaration.

Proof of bank account.

Proof of identity and address (as applicable for the option you have selected under Section 6).

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