

Please send completed form and supporting documents by email to:
 masinvest@linkmarketservices.com

You can also post your documents to:
 MAS
 FreePost 884
 PO Box 91976
 Victoria Street West, Auckland 1142



Important information

This form can be used to apply for a life-shortening congenital condition withdrawal or amend an existing withdrawal.

Under the KiwiSaver Act 2006, you are eligible for a withdrawal if suffering from a life-shortening condition that is congenital (i.e. exists from the date of birth) and is either:

- a listed condition (as prescribed by regulation): Down syndrome, Cerebral palsy, Huntington's disease, and Fetal alcohol spectrum disorder; or
- a non-listed condition

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

The Supervisor will determine whether you're eligible for a life-shortening congenital condition withdrawal.

You can apply to withdraw all or part of your KiwiSaver account.

1. Your information

Full name	<input type="text" value="Title"/> <input type="text" value="First names (s)"/> <input type="text" value="Surname"/>		
Member number	<input type="text" value="(if known)"/>	Date of birth	<input type="text" value="dd-mm-yyyy"/>
Postal Address	<input type="text" value="City"/> <input type="text" value="Postcode"/>		
Phone number	<input type="text" value="Home"/>	<input type="text" value="Work"/>	<input type="text" value="Mobile"/>
Email	<input type="text"/>		
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			

3. Setting up or amending your withdrawal

If my application is approved, I would like to make:

a withdrawal of my full available balance

Note: A full withdrawal may take up to ten business days to process as we may not have received all employee and employer contributions or final Government contribution payments from Inland Revenue.

a partial withdrawal of (minimum \$100)

a regular monthly withdrawal of (minimum \$500) starting
(Please allow at least five working days)

Payments will be processed on the 13th of each month with payment made up to two business days after. If the 13th falls on a non-business day, your payment will be processed the next business day with payment made up to two business days after.

Amending an existing regular withdrawal

I would like to amend my existing regular withdrawal instructions to:

A regular monthly withdrawal of (minimum \$100) starting

4. Medical Practitioner's declaration

Patient's full name

Patient's address

I, , Of

, Of

Phone number

Email

Certify 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):

The member suffers from a listed life-shortening congenital condition (named below); or

the member suffers from a non-listed life-shortening congenital condition, that is likely to reduce the life expectancy for persons in general with the condition to be below the New Zealand superannuation age (65 years).

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

Please include links or attached relevant existing research that forms the basis for the life expectancy assessment.

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

Signature

Date

Medical practice/Health practitioner stamp

Medical or Nursing Council Registration number

5. Statutory declaration

I
of
and

Do solemnly and sincerely declare that:

I am suffering a life-shortening congenital condition as defined by law, and I am applying to the Supervisor for a withdrawal from my KiwiSaver account as detailed above to be paid to the bank account specified in this Form.

I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver.

or

I was living overseas for the following dates to

(please add a longer list if required).

I understand I will not be entitled to withdraw any Government contributions received during the same period. Any Government contributions claimed on my behalf during any such period will be returned to the Inland Revenue.

I understand that acceptance of the application is at the discretion of the Supervisor and the Manager 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 other person authorised to take a statutory declaration as set out in the Oaths and Declarations Act 1957.

Signature Date

6. Acknowledgement

I understand that the Manager, Medical Funds Management Limited, 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 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.

I understand that if I withdraw my total available balance, my compulsory employer contributions, and/or Government contributions will stop, my KiwiSaver account will be closed, and I will no longer be a member of KiwiSaver.

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

7. 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 and 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.

AND 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 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.

8. Checklist

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

Your completed application.

Proof of bank account.

Signed Medical Practitioner declaration with any attached evidence.

Statutory declaration.

Evidence of your identity and address (as applicable for the option you have selected under Section 7).