

Life Shortening Congenital Condition Withdrawal

If you would like help in completing this form, please email kiwisaver@fisherfunds.co.nz or phone us on **0800 FF KIWI (0800 335 494)**.

You can complete this form on-screen by typing directly into each field.

Once you have completed this form:

- If you have selected Option 1 as your preferred identification method and the value of your withdrawal is under \$50,000 you can email your completed application to kiwisaver@fisherfunds.co.nz
- If you have selected Option 2 as your preferred identification method you must post your application and supporting documents to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or send by courier to **Fisher Funds Management Limited, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622**.
- If the value of your withdrawal is over \$50,000 you must post or courier your application and supporting documents to us.

Who should complete this form?

Please use this form to apply for a withdrawal from your Fisher Funds KiwiSaver Scheme or Fisher Funds TWO KiwiSaver Scheme account ("KiwiSaver account") if you have a life shortening congenital condition. If you choose to make a life shortening congenital condition withdrawal, then you are treated as having reached the New Zealand superannuation qualification age and you will forego your right to compulsory employer contributions and the Government contribution.

If you have previously made this type of withdrawal please complete the Subsequent Life Shortening Congenital Condition withdrawal form available at fisherfunds.co.nz/forms

Section 1: Your Details

Title	First Name/s	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Date of Birth	KiwiSaver Account No.	IRD Number
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Prescribed Investor Rate (PIR) (please tick one)		
<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%
To work out your PIR, or for more information, visit fisherfunds.co.nz/pircalculator or call us on 0508 347 437.		
If your selected PIR differs to the rate we have on file, the change will require 1 business day to update before your withdrawal can be processed. If you do not select a PIR, your withdrawal will be processed at the rate we hold on file for this account.		
Address		
<input type="text"/>		
City	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile
<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)
Email Address		
<input type="text"/>		

Section 2: Identification Options

Your withdrawal request must be submitted with one of the identification options set out below. We may have your identification documents on file, please contact us to confirm this. We may need to request new identification documents from you.

Option 1 – Electronic identity verification

Fisher Funds has the ability to electronically verify your identity and address. Once we have received your withdrawal request we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following:

- » New Zealand Passport
- » New Zealand Drivers Licence
- » Australian Passport
- » Australian Drivers Licence

If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.

Option 2 – Certified copies of identity documents and proof of residential address

Please provide a certified copy of your identity documents and proof of your residential address. Refer to Sections 3 and 4 for information on acceptable identity documents and who can certify them.

Preferred identification method — please select one of the following options:

☐

Option 1 – I would like Fisher Funds to electronically verify my identity

☐

Option 2 - I would like to provide Fisher Funds with certified copies of my identity documents

Section 3: Certified Identity Documents

If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

We are only able to accept original certified copies of certified ID (i.e. the copy that has been physically certified). These documents must be posted to us, our postal address is on page 1.

OPTION A: (preferred)

☐

Passport (containing name, date of birth, photograph and signature)

OR

☐

New Zealand Firearms Licence

OR

☐

New Zealand Driver Licence (front and back)

OPTION B:

☐

Full Birth Certificate

AND one of the following

☐

18+ Card/Kiwi Access Card

OR

☐

Overseas Drivers Licence

** If you are supplying foreign identity documents you must also supply proof of New Zealand residency to enable us to confirm your eligibility to join / have joined KiwiSaver.*

Your photo identification must be current (not expired). If you're unable to provide the above documentation please contact us to discuss other options.

A Fisher Funds representative can verify your identity documents if you visit our office.

How to have your ID correctly certified



I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe
 Occupation: Justice of the Peace
 Date: 18/08/2020
 Signature: [Signature]

Photocopy ID at 150%

So the details are legible.

Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

Please note: Certification is valid for three months and must have been carried out within three months of this application.

Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

Section 4: Proof of Address

If you have selected Option 2 as your preferred identification method please provide proof of your residential address as set out below. Your proof of address doesn't have to be certified. If you selected Option 1 you do not need to provide proof of address.

Current physical address

Can't be a PO Box number.

XYZLOGO

Mr Joe Smith
 58 Green Street
 Takapuna
 AUCKLAND 1023
 New Zealand

Statement of Accounts

Your Account(s) at a glance as at 19 XXXX 2020

Today's Statement(s)

Tertiary

Upcoming Automatic Payments

Dated in the last 12 months, an invoice, statement, letter or contract from:

- » utility provider e.g. water, power, phone
- » professionals e.g. accountant, doctor
- » service providers e.g. Sky TV, insurance
- » government e.g. IRD, WINZ, rates notice
- » current employer e.g. payslip
- » bank correspondence or statement
- » tenancy agreement

Please note: We cannot accept a statement/correspondence from Fisher Funds as proof of your address.

Section 5: Your Withdrawal Options

Partial Withdrawal

☐ **Withdraw** \$ (minimum withdrawal amount is \$500)

Regular Withdrawal

We require at least two business days to set up a regular withdrawal from receipt of this withdrawal request.

☐ **Set up a regular withdrawal facility** \$ (minimum withdrawal amount is \$100 regardless of frequency)

Start Date

/ /

Frequency

☐

Weekly

☐

Fortnightly

☐

Monthly

☐

Quarterly

☐

Annually

**Please note this is the date your withdrawal will be priced, it will then be paid 3-5 working days after this date. Please bear this in mind if you want to receive the funds by a certain date.*

If you are invested in more than one Fund we will withdraw an amount from each Fund in line with the proportion in which you are currently invested in each Fund. Alternatively, please contact us on 0800 FF KIWI (0800 335 494) to discuss how you would like your withdrawal deducted.

Full Withdrawal

☐ **Withdraw my full account balance and close my KiwiSaver account**

Your final Government contribution claim will be processed by Inland Revenue before your withdrawal is actioned, so payment may take up to **15 working days** from receipt of this form.

Transfer my Balance

If you would like to transfer your KiwiSaver account balance to another Fisher Funds investment please call us on 0800 FF KIWI (0800 335 494) to discuss the options available and how we can help you.

Section 6: Payment Details

We will only make payments in New Zealand dollars to either a New Zealand bank account or an international bank account held in your name either individually or jointly (the cost of an international transfer is paid by the member). Any payment will be adjusted for tax at the notified Prescribed Investor Rate (PIR) on your account.

Name of Account

Account Details

Bank

Branch

Account Number

Suffix

Bank/Branch Address

Please provide proof of your bank account (one of the following)

- » Bank statement
- » Internet banking screenshot
- » Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

Section 7: Confirmation of New Zealand Residency

When you request a KiwiSaver withdrawal for any reason, you must complete a statutory declaration confirming whether your principal place of residence was New Zealand for the period of your KiwiSaver membership. Going overseas on a holiday, even for several months is not considered a change of principal residence, however if you lived or worked overseas and received KiwiSaver Government contributions, we must refund that portion of the Government contributions back to Inland Revenue.

I confirm that for the period that I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the periods:

From	To	From	To
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
From	To	From	To
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

☐

My principal place of residence has been New Zealand for the entire period I have been a KiwiSaver member.

Section 8: Privacy Statement

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to provide services in relation to your withdrawal request. You have the right to access the information held by us and you may also request that it be corrected.

Section 9: Statutory Declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed in front of an authorised person who will witness the declaration.

Please note, your Doctor cannot sign the Statutory Declaration as per the Oaths and Declarations Act 1957, Clause 9.

Who can witness me making the declaration?

The following people can witness you making the declaration

- Notary Public
- Justice of the Peace
- Enrolled solicitor or barrister of the high court

I,
Name of KiwiSaver member

of
Address Occupation

solemnly and sincerely declare that:

- I have a Life Shortening Congenital Condition as defined in the Act, and I am applying to the Supervisor to withdraw or transfer some or all of my KiwiSaver account.
- I understand that my withdrawal is made on the same grounds as a KiwiSaver retirement withdrawal, as if I had reached the New Zealand superannuation qualification age, and that I will forego my right to compulsory employer contributions and the Government contribution.
- I understand that acceptance of this application is at the discretion of the Supervisor.
- I understand that on full payment of my KiwiSaver account, my account will be closed and I agree to release all claims that have been made by me on the Manager and/or Supervisor in relation to my KiwiSaver account.
- I understand that the Manager and/or Supervisor may request additional information from me relating to this application.
- I understand that my withdrawal value may fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my KiwiSaver account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Supervisor will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- I understand the information supplied by me with this withdrawal request can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant.
- I have read the privacy statement in this form.

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

Your Signature

Declared at

Address

Date

Before Me

Name

Signature

Section 10: Medical Practitioner's Declaration of Life Shortening Congenital Condition

Patient Details

Title

First Name/s

Surname

Date of Birth

Address

City

Country

Postcode

Medical Practitioner's Details

I, Dr (Full Name)

Address

City

Country

Postcode

Contact Phone

Email Address

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 them a full medical examination.
- ☐ In my opinion, the above named has one of the following life shortening congenital conditions:

☐

Down syndrome (Down's syndrome)

☐

Cerebral palsy

☐

Huntington's disease (Huntington's chorea)

☐

Fetal alcohol spectrum disorder

☐

Other life shortening congenital condition (please provide details in the box below)

Note

The Supervisor may require additional information from you if it considers the information supplied is insufficient to enable it to make a decision. In this case we will contact you directly.

Medical Practitioner's Signature

Medical Practitioner's Stamp

Date

Checklist

Please complete the checklist below and supply the relevant documents to support your request.

- ☐ Complete Sections 1-6.
 - ☐ Provide proof of bank account (*refer to Section 6 for our requirements*).
 - ☐ Select a preferred identification method in Section 2 and provide evidence (*refer to Sections 2, 3 & 4*)
 - ☐ Complete the confirmation of New Zealand residency in Section 7.
 - ☐ Complete the statutory declaration in Section 9 in front of a Justice of the Peace, Solicitor, Notary Public or other person authorised to take statutory declarations. **Please note, your Doctor cannot sign the Statutory Declaration as per the Oaths and Declarations Act 1957, Clause 9.**
- You can find a Justice of the Peace near you by visiting the New Zealand's Justices' Association website www.jpfed.org.nz or Yellow Pages www.yellow.co.nz. He/she will be able to certify your ID and witness your statutory declaration. You can also call Yellow's Directory Assistance on 018 (*note charges up to about \$1 apply*).
- ☐ A medical practitioner (as defined in the Social Security Act 2018, Schedule 2) e.g. your doctor or specialist must complete the declaration in Section 10.
 - ☐ Provide the original of this completed form (only if you have selected Option 2 as your preferred identification method or if the value of your withdrawal is over \$50,000)

Note

The Supervisor may require additional information from you if it considers the information supplied is insufficient to enable it to make a decision. In this case we will contact you directly.