BNZ KiwiSaver Scheme

Serious Illness withdrawal application

Harbour Asset Management Limited (Harbour) is the Issuer and Manager of the BNZ KiwiSaver Scheme.

Important information

Under the KiwiSaver Act 2006 (the Act), you may be able to make a withdrawal from your KiwiSaver if you are suffering a Serious Illness as defined in the Act. The withdrawal of investments from the BNZ KiwiSaver Scheme in the case of a Serious Illness is subject to the Supervisor's (The New Zealand Guardian Trust Company Limited) approval.

Serious Illness as defined in the Act means an injury, illness, or disability that:

a. results in the member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training or any combination of those things; or

b. poses a serious and imminent risk of death.

You are required to **complete the statutory declaration** contained in this form (this must be done before either a Justice of the Peace, a Solicitor, Notary Public, or another person authorised to take a statutory declaration). Please also **ensure your registered medical practitioner completes the Health practitioner's declaration** contained in this form.

Checklist

Before returning this form, please make sure that you are fully aware of the requirements you must meet in order to qualify for this withdrawal and you can provide us with the following:

- ◯ This form with all sections completed, including the statutory declaration;
- ◯ All relevant supporting information or documentation; and
- ◯ Completed doctor's declaration.

ID checklist

When returning your application you **must** include the following:

A current certified[1] copy of one of these three options to verify your name and date of birth:

- ◯ Your passport.
- ◯ Your New Zealand firearms licence.
- ◯ Your New Zealand driver licence showing the expiry date **along with one of the following:**
  - ◯ Your birth certificate or certificate of citizenship.
  - ◯ An item issued by a NZ Government agency that contains your name and signature, for example a SuperGold Card.
  - ◯ A bank statement issued by a registered NZ bank (excluding BNZ), dated within the last 12 months.

Plus a certified[1] copy of one of these four options showing your name and residential address (which can't be more than 90 days old):

- ◯ A utility bill from your power, gas, water, landline phone, SKY or internet service provider company.
- ◯ A document issued by a NZ Government agency (IRD, ACC, Ministry of Justice, NZQA, or WINZ).
- ◯ A NZ council rates notice/valuation.
- ◯ A residential rental agreement.

1. Your document can be certified by a Justice of the Peace, Solicitor, Notary Public, Member of Parliament, or other person with the legal authority to take statutory declarations or the equivalent in New Zealand. Please note that the certifier must be at least 16 years of age and cannot be related to you or a person living at the same address as you, your spouse or partner, anyone involved in the transaction or business requiring this certification. For more information please visit bnz.co.nz/identification

1. Your details

BNZ KiwiSaver Scheme account number

Bank | Branch | Account number | Suffix

◯ Mr ◯ Mrs ◯ Ms ◯ Miss Other (please specify)

Name

First name(s)

Last name

Date of birth D D M M Y Y

IRD number

Prescribed investor rate (PIR)

◯ 10.5% ◯ 17.5% ◯ 28%

Please refer to bnz.co.nz/pir for more information on your PIR.

Postal address

Street address

Suburb

Town/City | Postcode

Country

Phone

Home

Mobile

Work

Email address

Work email*

Home email*

*For correspondence.

2. Withdrawal request

How much of your BNZ KiwiSaver Scheme investment do you need?

Please note you may withdraw some or all of the funds you hold in the BNZ KiwiSaver Scheme.

Amount of withdrawal (please tick one)

- ○ All available investments; or
- ○ A partial withdrawal of: $

For a partial withdrawal

- ○ Please deduct the amount proportionately across each fund that I'm invested in; or
- ○ Please make my withdrawal request, as outlined below:

Fund	Amount
Cash Fund	$
First Home Buyer Fund	$
Conservative Fund	$
Moderate Fund	$
Default Fund	$
Balanced Fund	$
Growth Fund	$
High Growth Fund	$
Total	**$** 0.00

If you do not specify the fund and a $ amount, any partial withdrawal will be deducted proportionately across each fund you're invested in.

If you make a full withdrawal from your BNZ KiwiSaver Scheme investment you will no longer be a member of the BNZ KiwiSaver Scheme and your investment will be closed. A full withdrawal may take up to fifteen business days to process as all employee and employer contributions or final government contribution payments may not have been received from Inland Revenue.

If you are opting for a partial withdrawal, you will remain a member of the BNZ KiwiSaver Scheme and you can still contribute to your investment.

Your withdrawal amount may be adjusted for any tax which arises as a result of your withdrawal. Acceptance of your withdrawal request is at the discretion of the Supervisor.

3. Payment details

Any withdrawal payments will only be paid in New Zealand dollars to a New Zealand bank account.

Bank account name

Member/Account name

Account details

Bank	Branch	Account number	Suffix

Particulars to appear on your statement:

Code:

Reference:

Please provide a pre-printed deposit slip if it's not a BNZ bank account.

4. Medical declaration

Please give full details of the injury, illness or disability that you are suffering from; why this has resulted in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training, and/or why this poses a serious and imminent risk of death.

Please also attach a copy of relevant supporting information or documentation. The Supervisor may require additional information or documentation to be verified by oath, statutory declaration or otherwise.

5. Personal Information Notice

To offer and/or provide you with products or services we need to collect (either from you or indirectly from a third party), use and disclose your personal information in accordance with Harbour's Privacy Policy and BNZ's Master Privacy Policy. The privacy policies set out the purpose of this collection, details of how the information may be used or disclosed, your rights to that information (such as access and correction), Harbour and BNZ's legal obligations and the consequences of not providing the information. These privacy policies are available on the BNZ website, www.harbourasset.co.nz, or you can ask BNZ for a copy.

For this specific product, your personal information will be used and shared for the purposes of:

- operating, administering, and managing the BNZ KiwiSaver Scheme
- complying with legal obligations.

Third parties your information may be shared with include:

- the Supervisor of the BNZ KiwiSaver Scheme
- BNZ and members of the National Australia Bank group of companies
- FirstCape group companies
- Inland Revenue
- Financial Markets Authority.

Third parties your information may be obtained from include:

- BNZ
- Inland Revenue.

A special notice about your health information

Your health information will be collected, used, and disclosed where this is necessary to provide the products and services you request. At times, this may require BNZ to ask health service providers (including your doctor, hospital, clinic or ACC) for information about you. Only relevant health information will be collected and disclosed and your consent to do this is requested in the statutory declaration section.

You should be aware that your health information (along with the other personal information collected) can be used for the purposes of assessing this application and managing your BNZ KiwiSaver Scheme investment. Your information may be shared with any necessary third party, such as the Supervisor, for the same purposes.

6. Statutory declaration

Please don't sign this section in advance. It must be signed in front of a Justice of the Peace, a Solicitor, Notary Public or other person authorised to take an Oath or Declaration in accordance with section 9 (for declarations made in New Zealand) or with section 11 (for declarations made outside New Zealand) of the Oaths and Declarations Act 1957.

I, Name ,

of Residential address

Occupation ,

solemnly and sincerely declare that:

- I am suffering a Serious Illness as defined in the Act, and I am applying to the Supervisor for a withdrawal from my BNZ KiwiSaver Scheme investment as detailed above to be paid to the bank account specified in this form.
- I have read the Personal Information Notice.
- I authorise BNZ to collect any relevant personal information from, and to disclose any relevant personal information to health service providers or other parties for the purposes of assessing this application and managing my BNZ KiwiSaver Scheme investment, as set out in the Personal Information Notice.
- I understand that the Manager and/or Supervisor of the BNZ KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- The information supplied in (or in connection with) this application is true and complete and accordingly, I agree to indemnify BNZ, the Supervisor and the Manager against any claims, liability, losses, and costs (including legal costs on a solicitor/client basis) 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 by omission).
- I understand that the withdrawal value will be based upon the unit price(s) applying on the business day after my request is approved or accepted and that fees, taxes, and expenses may be deducted.
- I understand that acceptance of this application is at the discretion of the Supervisor and that fees may apply.
- I understand that the Manager and/or the Supervisor may request additional information from me relating to this application.

Please tick the statement that applies:

- ☐ During my KiwiSaver membership, my principal place of residence was New Zealand.
- ☐ During my KiwiSaver membership, there were periods when my principal place of residence was not New Zealand.

To the best of my knowledge, the specific periods during my KiwiSaver membership when my principal place of residence was outside New Zealand are:

- I have accurately reflected the dates during which I have had my principal place of residence in New Zealand.

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

Location

on Date D D M M Y Y

Before me: (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957)

Name

Occupation

Signature

To submit your application, please do one of the following:

- Email this form and all supporting documents to kiwisaver_support_team@bnz.co.nz
- Drop this form and all supporting documents into any BNZ branch
- Post this form and all supporting documents to:
  Freepost BNZ KiwiSaver Scheme
  Private Bag 92208,
  Auckland 1142
- Courier this form and all supporting documents to:
  BNZ KiwiSaver Scheme
  Level 16, BNZ Place
  80 Queen Street
  Auckland 1010

5391.2 08-26

To be completed by a registered medical practitioner

Health practitioner's confidential declaration of Serious Illness

Patient details

Mr Mrs Ms Miss Other (please specify)

Name

First name(s)

Last name

Date of birth

D D M M Y Y

Postal address

Street address

Suburb

Town/City Postcode

Country

Health practitioner's details

I, Dr. Name ,

of Practice ,

of Address

Contact details

Email

Phone

Certify that:

1. I am a registered medical practitioner with either the Medical or the Nursing Council of New Zealand and the assessment covered by this certification is within my scope of practice.
2. The above-named person is a patient of mine and I have recently given them a full medical examination.
3. In my opinion, the patient 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

   poses a serious and imminent risk of death.

I form this opinion based on (give a brief description of the patient's condition in the below space):

Please attach any relevant supporting information or documentation which confirms that the patient has a **Serious Illness** that:

a. results in the member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training or any combination of those things; or

b. poses a serious and imminent risk of death.

Signature

on Date D D M M Y Y

GP/Practice stamp

Medical or Nursing Council Registration number:

539.1.2 08-26