



KiwiSaver Serious Illness Application Form

To the Trustee

Use this form to apply for a withdrawal from the Westpac KiwiSaver Scheme if you are suffering from serious illness.
Please note that any withdrawal of Westpac KiwiSaver savings due to serious illness is subject to the Trustee's approval.

A: Your details

Mr Mrs Miss Ms Other (please specify)

Given name(s) Surname

Westpac KiwiSaver Member number

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IRD Number

Phone numbers: home 0-

work 0-

mobile 0-

Best time to contact you: home AM/PM

work AM/PM

B: Address details

Postal Address NUMBER & STREET/BOX NUMBER

SUBURB

TOWN/CITY

POSTCODE

C: Withdrawal Request

According to the KiwiSaver Act 2006, an application for withdrawal may be on the grounds of serious illness. 'Serious illness' is defined as:

- an injury, illness or disability that results in your being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training or a combination of those things;

or

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

You are required to **complete the statutory declaration** contained in this form. Please also **ensure your doctor completes the doctor's declaration** contained in this form.

D: Payment details

How much money do you need? (please tick one)

Amount \$

or

All available funds

In granting this application we may consider the withdrawal of all or part of the amount.

(Please note the Trustee will only make payments in New Zealand dollars to a New Zealand bank account)

Account Name

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Bank

Branch

Account Number

Suffix

F: Privacy Statement

I understand that by completing this application form I will be providing personal information about me which will be held securely by the Trustee and/or the manager of the Westpac KiwiSaver Scheme. I have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

G: Declaration

I, _____ (name)

of _____ (address, occupation)

solemnly and sincerely declare that the information I have provided in this KiwiSaver Serious Illness Application Form is true and correct and I have been resident in New Zealand since joining KiwiSaver.

_____ (signature of person making declaration)

_____ (date)

Declared at _____ this _____ day of 20_____

Before me: _____

Signature of: _____

(A Justice of the Peace, or solicitor, or notary public, or other person authorised to take a statutory declaration).

_____ (name)

_____ (address)

_____ (occupation)

Please return the completed form to:
Westpac KiwiSaver
PO Box 695
Wellington 6140

Please call us 0508 972 254 between 8.30am and 5.30pm, Monday to Friday if you need any help.

