

LIFE-SHORTENING CONGENITAL CONDITION

Request for withdrawal of funds

Please fill in this form if you would like to make a life-shortening congenital conditions withdrawal. Before making a withdrawal application, please consider how your withdrawal may impact any social assistance benefits you receive.

Definition of a life-shortening congenital condition:

The KiwiSaver Act 2006 defines a life-shortening congenital condition (existing from your date of birth) as:

- a listed condition which is published by the Government (defined by law), or a
- a non-listed condition (as defined by law).

The information contained within this form will be used by the Trustee of FireSuper to determine whether you meet the criteria for a claim based on a life-shortening congenital condition, as defined.

It is important to note that if your application is approved you will no longer be eligible to receive a Government contribution in the future, if any.

Trustee decision

The Trustee will decide whether to approve your claim. The Trustee may require further information from you. If the Trustee approves your claim, you will be advised, and payment will be made in accordance with your instructions.

Privacy Statement

The information requested in this form and as attachments is being collected and will be held by Mercer (N.Z.) Limited ("Mercer") on behalf of the Trustee of FireSuper. It is intended for use by Mercer and the Trustee to enable administration of your claim.

Important

If you are a member of the Complying Fund Section and/or a KiwiSaver scheme, you may only make a life-shortening congenital condition-based withdrawal from your Regular Section balance if you also make a withdrawal on that basis from (as applicable) your Complying Fund Section balance or the KiwiSaver scheme.

Procedure for completing this form

You must complete this form personally or the holder of a Power of Attorney may complete this on your behalf.

If you are completing this form on behalf of a member under a Power of Attorney, we will require:

- a certified copy of a valid Power of Attorney or Enduring Power of Attorney document;
- a completed Certificate of Non-Revocation of the Power of Attorney or Enduring Power of Attorney (if the Power of Attorney or Enduring Power of Attorney was completed over 3 months ago);
- original certified copies of identification documents, such as a New Zealand Passport or Drivers Licence, for both the member and the Power of Attorney acting on the member's behalf.

Steps for completing this form

1. Complete your personal details, how you would like to receive payment and the amount you would like to withdraw. Parts A and B of the form must be completed by you.
2. Complete the statutory declaration which must be made in front of a lawyer, Justice of the Peace, notary public or other person authorised to take statutory declarations.
3. Ask your doctor to complete the Medical Section.

Complete your personal details

Name: Title: Mr / Mrs / Ms / Miss
(Surname) (Given names) (Please circle one)

Home address:

Member #: IRD #: Date of birth:/...../.....

Email address: Phone no: ()

PART A - Withdrawal amount and payment instructions

a. Amount of withdrawal

I apply to:

- ☐ withdraw the full amount of my Accumulation.

OR

- ☐ make a partial withdrawal from my Accumulation: \$.....

If you make a partial withdrawal and wish to make a subsequent withdrawal, you will be required to complete this form again, however you will not need to have your doctor complete the Medical Section.

b. Payment instruction

- ☐ I authorise my benefit payment to be credited to my bank account and attach a bank encoded deposit slip or copy of a bank statement printout.

To enable your savings to be credited to your bank account, you must provide details of a personal account in your name. Business accounts, family trust accounts and accounts of another person will not be accepted.

PART B - Details of your condition

Please provide full details of the life-shortening congenital condition that you are suffering from. The Trustee may require additional information or documentation to be verified by oath, statutory declaration or otherwise.

a. Listed congenital condition

Note: The listed conditions are (currently) Down syndrome, cerebral palsy, Huntington's disease or fetal alcohol spectrum disorder. Please provide a medical certificate to verify that you have one of these listed conditions.

b. Non-listed congenital condition:

Note: Please provide verification from a medical practitioner that you suffer from a life-shortening congenital condition that is expected to reduce your life expectancy below 65.

Part C - Statutory Declaration by the member

Please complete this section in front of a person authorised to take a statutory declaration. The people legally authorised to take a statutory declaration are listed below.

I, _____
(Full name)

of _____
(Address and occupation)

solemnly and sincerely declare that:

- I am entitled to make this claim and that all the information which I have provided in this form and in all included materials is true and correct.
- I have a life-shortening congenital condition as defined in the KiwiSaver Act 2006.
- I solemnly and sincerely declare that my principal place of residence during the period that I was a member of the Complying Fund Section of FireSuper was in New Zealand. (If you did not reside principally in New Zealand for any period, please specify the period(s) _____).
- By receiving payment of the claim, I release all claims that have been made or may be made on Mercer (N.Z.) Limited and/or the Trustee of FireSuper.
- I understand that by receiving payment of the claim, I will be treated as if I have reached the New Zealand superannuation qualification age.
- I understand that, if applicable, my withdrawal value will be based upon the unit price(s) at the date my request is processed.
- If I am a member of the Complying Fund Section and/or a KiwiSaver scheme and am seeking a withdrawal from my Regular Section balance, I have or will also make a life-shortening congenital condition-based withdrawal from (as applicable) my Complying Fund Section balance or KiwiSaver scheme.
- By receiving approval of the claim, I understand I will no longer be entitled to receive a Government contribution or (if applicable) KiwiSaver employer contribution in the future.
- I have read and understood the information in the Privacy Statement in this form.

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

Signature of member: _____

Declared at _____ this _____ day of _____ 20 _____
Location Day Month Year

Before me (please print): _____

Person authorised to take statutory declaration Please specify office held

Signature: _____

People who can witness a statutory declaration in New Zealand are:

- a person enrolled as a barrister and solicitor of the High Court; or
- a Justice of the Peace; or
- a notary public; or
- the Registrar or a Deputy Registrar of the Supreme Court; or
- the Registrar or a Deputy Registrar of the Court of Appeal; or
- a Registrar or Deputy Registrar of the High Court or a District Court; or
- some other person authorised by law to administer an oath; or
- a member of Parliament; or
- a person who-
 - is a fellow of the New Zealand Institute of Legal Executives; and
 - is acting in the employment of a practising barrister and solicitor of the High Court; or
- an employee of the New Zealand Transport Agency, authorised for that purpose by the Minister of Justice; or
- an employee of Public Trust authorised for that purpose by the Minister of Justice; or
- an officer in the service of the Crown or a local authority authorised for that purpose by the Minister of Justice.

Send your completed form and evidence of your bank account details to:

Post: The Administrator of FireSuper, Mercer (N.Z.) Limited, PO Box 1849 Wellington 6140.

Email: nzfire.super@mercerc.com

**Medical Section – Doctor’s certification of life shortening congenital condition
(your doctor will need to complete this section)**

Patient details

First name _____ Surname _____

Address _____ Postcode _____

Doctor details

I, _____
Full name

of _____
Address and occupation

Contact numbers: Daytime: _____ Mobile: _____

Email _____

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 him/her a full medical examination.
- ☐ In my opinion, the above named has a life-shortening congenital condition as detailed below:

Please detail the condition and life expectancy assessment of persons with the condition.

Also, please provide details of any existing research that forms the basis for your life expectancy assessment and a medical certificate confirming the member’s condition.

Signed and stamped by the doctor:

Date ____/____/____