



Under KiwiSaver, a member can withdraw their KiwiSaver savings (including the government paid \$1,000 kick-start and member tax credits), if they are suffering from a Serious Illness, as defined by the KiwiSaver Act 2006.

A member applies in writing to the Trustee with appropriate forms and evidence. The Trustee must assess the application and make a decision. The Trustee recognises the sensitivity and the level of work required to make an application. However, the Trustee is required to investigate and assess the validity of a claim before a payment can be made. This can take several months.

Evidence

In order to assess your application, the Trustee will require evidence of your serious illness, and may request information on your employment history and employment prospects.

Application

To make an application:

1. Complete the attached form, which includes a statutory declaration that the information provided is correct.
2. Complete the authority for the Trustee to contact the doctors and specialists involved with your serious illness and your current and recent employers.
3. Enclose medical reports from your doctors and specialists. The Trustee may request further medical and/or employment information. All medical and employment information you supply will be kept confidential to the Trustee and its advisers.

If you need assistance this application, contact the SuperLife administrator, **Vedeeta Mapara**, by calling **0800 27 87 37**, or direct dial **09 375 9166**.

Approval process

On receipt of the application form, statutory declaration and supporting documents, your application will be submitted to the Trustee. If approved, your account balance will be paid to the nominated bank account.

In terms of the Act, “serious illness” means that the member has suffered an injury, illness or disability that:

1. has resulted in the member being totally & permanently unable to engage in work for which he or she is suited by reason of experience, education or training, or a combination of these things;
- or
2. poses a serious and imminent risk of death of the member.



Complete this form to apply to the Trustee of the SuperLife KiwiSaver scheme (“SuperLife”) to withdraw your KiwiSaver Account Balance due to Serious Illness, as defined in the KiwiSaver Act 2006.

Your details

Name: _____ **IRD number** - -

Date of birth: / / (dd/mm/yyyy) **Phone:** () _____

Address: _____

Town/city: _____ **Post code:**

Email: _____

Details of serious illness and events leading to the serious illness

Health evidence

I attach medical evidence in support of my application (eg. specialist reports, letter from GP, etc). (please tick)

Please provide details of doctors/specialists consulted

Name	Contact details	Dates consulted

Employment details

Please give details of your current and/or past employers over the last five years. Attach additional pages as required.

Employer	Type of work undertaken	Employment date	
		from	to
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /



Please give details of your skills, experience and/or qualifications

Qualifications:	
Other skills/experience	

Payment details

I request payment of my account balance to the following account:

Account name _____

Bank name _____

Branch name _____

Account number - - -

Statutory declaration

I, (full name) _____

Address _____

Occupation _____

Solemnly and sincerely declare, that:

All the documents attached in support of my application are a true and correct record of my serious illness.

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

Signature of Declarant _____

Witness¹ _____

Declared at _____ **this** _____ **day of** _____ **20** _____

Before me _____

¹ A Justice of the Peace, or other person (e.g. notary public, solicitor, officer of the court) authorised to take and receive Statutory Declarations



I, _____, authorise SuperLife Trustee Limited to contact:

- my GP, specialists, and other medical professional to obtain further information on my medical condition and consent to those parties providing information.
- my current and/or past employers to obtain information on my employment history.

I understand that the information collected in connection with this application will be used to assess my application to withdraw my KiwiSaver Account Balance due to Serious Illness.

Name *(please print)*

Your signature:

Date:

____ / ____ / 20
(dd/mm/yyyy)