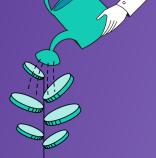
GoalsGetter KiwiSaver Scheme

# Significant Financial Hardship Withdrawal Form





You can scan the completed application form and other listed requirements and email them to **support@goalsgetter.co.nz** or post them to:

GoalsGetter KiwiSaver Scheme PO Box 3892, Shortland Street, Auckland 1142

## What you need to know before you apply

KiwiSaver has been designed as a savings scheme to be used for retirement. As such, there are limited circumstances in which you can apply to make a withdrawal of some or all of your savings.

If you can provide evidence that you're suffering or likely to suffer significant financial hardship, you may be able to withdraw some of your KiwiSaver savings. You'll also need to provide proof that you've explored all other reasonable alternative sources of funding as part of your application.

#### Significant financial hardship includes if you're:

- unable to meet minimum living expenses
- unable to meet mortgage repayments on the home you live in, resulting in your mortgage provider seeking to enforce the mortgage on your property
- unable to pay rent/board payments
- modifying your home to meet special needs because of you or a dependent family member having a disability
- paying for medical treatment if you or a dependent family member:
  - · becomes ill, or
  - · has an injury
- paying for palliative care for you or a dependent family member
- suffering from a serious illness (although you could in this circumstance apply to make a serious illness withdrawal)
- incurring funeral costs if a dependent family member dies.

Minimum living expenses include the actual and reasonable costs of (taking into account regional differences, such as in rent/power costs):

- Basic food and grocery items
- Accommodation
- mortgage repayments, interest, rates and necessary maintenance for the home you live in, rent and board
- Basic clothing
- Utility services such as power, gas and telecommunications
- Basic transport costs Fire and general insurance (including medical insurance)
- Medical and dental costs necessary for the maintenance of good health
- School fees (excluding private school fees) and tertiary education costs Expenses in relation to any dependents with special needs
- Other normal (non-luxury) household items.

#### Have you:

- Asked Work and Income New Zealand (WINZ) for assistance?
- Contacted IRD about taking a contributions holiday (if you are eligible)?
- Sought budgeting advice from a Budget Advisory Service?

## How much can you apply for?

You can apply to withdraw all your funds less member tax credits (and the \$1,000 kick-start, if applicable). The Supervisor of the GoalsGetter KiwiSaver Scheme is responsible for considering your application and will determine the amount you require to relieve your hardship. This amount will likely be what is sufficient to cover a shortfall in your minimum living expenses for three months, and an amount to pay overdue bills or arrears.

If you provide us with all the requested details with your application, the process including consideration of your application, may take up to 5 business days. If we need to ask you for any additional information, this will cause delays in approval, so it's important you read this application form, including the checklist, and complete it correctly and fully.

## **Applying for a Hardship Withdrawal**

If you think you're eligible for a KiwiSaver Significant Financial Hardship withdrawal you need to:

- 1. Complete all parts of this application form
- 2. Provide all of the supporting documents listed in the checklist
- 3. Complete the statutory declaration and have it witnessed by a person authorised to take Statutory Declarations
- 4. Provide certified copies of proof of your identity and address
- 5. Send us your application to the address listed below

We will check your application and supporting documents and will then contact you if we require any further information. We won't be able to progress your application further until we receive all the information requested. We'll then send your application to the Supervisor for assessment. They will make the final decision with regards to your withdrawal.

We'll let you know the outcome of your application. If your application has been approved, we will make payment to the account you provided details of on your application form.

# **Checklist**

You	r application needs to include the following:
	your completed, signed application form – complete all sections 1-9
	proof of the bank account for payment of the withdrawal, if approved (section 3)
	certified copies of proof of your identity and residential address (section 8)
	your original statutory declaration witnessed by any person who is authrosied to take Statutory Declarations (section 9)
	Evidence of your application for assistance, showing current entitlements or decline from:
	Your bank/s
	WINZ
	Inland Revenue
	Living arrangements – confirmation of the amount you currently owe and any arrangements for future payments:
	if you're a homeowner, a letter from your mortgage provider
	if you're renting or boarding, a tenancy agreement or a certified letter from your landlord.
	Proof of wages or salary:
	if you're employed, your last 2 payslips
	if you've recently been made redundant, your redundancy letter and final payslip
	if you're self-employed, your most recent summary of earnings.
	Bank statements for the last 30 days for all accounts in your and your partner's name (individual, joint and business accounts)
	Overdue bills (these must be less than 30 days old). These need to show the outstanding balance and your regular minimum payments:
	utility bills
•	store cards
•	credit cards
•	personal loans
•	car loans
•	finance company loans

• any other overdue accounts

By completing this application form you consent to and authorise the release of, at any time, to us and/or the Supervisor, all personal information held by any person or organization that we and/or the Supervisor consider appropriate for the purpose of checking information provided by you in support of your application.

1. Why are you applying?
Please tick the box(es) which applies to you.
Unable to pay for minimum living expenses such as power, water, and food bills
Unable to pay mortgage/rental/board payments
Unable to pay to modify your home to meet special needs if you or a dependent family member is disabled
Unable to pay for medical treatment if you or a dependent family member becomes ill, has an injury, or requires palliative care
Incurred funeral costs as a dependent family member has died
If you feel you are suffering (or likely to suffer) from significant financial hardship for any other reason or you wish to supply further detail on the circumstances selected above, please explain below:

Amount of Withdrawal		
If my application is approved, I would like	to make:	
a withdrawal of my full available bala	ance (excluding any government contributions	)
a partial withdrawal of \$		
2. Your Personal Details		
Title:		
First name(s):		
Surname:		
Home address:		
Street:		
Suburb:		
City:	P	ostcode:
Postal address (if different from above)		
Street:		
Suburb:		
City:	P	ostcode:
Contact Phone:		
Email:		
Date of Birth (dd/mm/yyyy)		
IRD number:		
Please list all the people who live with yo	u and their ages – partner, children, extended	family members etc.
Name	Age	Nature of Relationship

Please complete the following information. You will also need to provide supporting documents for this information (refer to checklist on page 3 of this application).

#### Income

Income (weekly):	\$ Notes:
Net Wages/Salary:	
Net Wages/Salary:	
Working for Families:	
Child support:	
WINZ:	
Accommodation Supplement:	
Disability allowance:	
Other:	
TOTAL INCOME:	

## Living Expenses

Type:	\$ Notes:
Rent/Board:	
Food/Groceries/Incidentals:	
Clothing:	
Medical, Dental & Chemist:	
Gas/Electricity:	
Phone/mobile/internet:	
Transport inc WOF/Registration:	
Education fees/supplies:	
Child Care/After School Care:	
Insurance (life/medical):	
Insurance:	
Insurance (Car):	
Water Rates:	
Land Rates:	
Other:	
TOTAL LIVING EXPENSES:	

# Weekly Debt Servicing Costs

Type:	Amount: \$ Please state weekly	Notes (list name of creditor and next due date)
	payment amounts	
Mortgage 1:		
Mortgage 2:		
Personal loan:		
Personal loan:		
Overdraft:		
Overdraft:		
Credit Card:		
Credit Card:		
Credit Card:		
Finance Co:		
Debt Collection:		
Debt Collection:		
Courts:		
MoJ/Police/Fines:		
IRD debt:		
WINZ debt - from benefit:		
TOTAL DEBT SERVICING COST:		
Assets		
Assets:	\$	Notes:
Home:		
Household Items:		
Vehicle 1:		Make, Model
Vehicle 2:		Make, Model
Savings:		
Savings:		
Savings:		
TOTAL ASSETS:		

## Arrears

Type:	Total arrears: \$	Notes - list each missed payment, mortgage arrears etc.
TOTAL ARREARS:		

# Liabilities

Type:	Total debt: \$	Notes
1,400.	List loan balances	Notes
Mortgage 1;		
Mortgage 2;		
Personal loan:		
Personal loan:		
Overdraft:		
Overdraft:		
Credit Card:		
Credit Card:		
Credit Card:		
Finance Co:		
Debt Collection:		
Debt Collection:		
Courts:		
MoJ/Police/Fines:		
IRD debt:		
WINZ debt -from benefit:		
TOTAL LIABILITIES:		

## 3. Payment Details

#### **Bank Account Details**

We can only pay your withdrawal to your New Zealand bank account, and we can't pay to third parties.

ame of bank account holder:
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Bank	Branch	Account	Suffix

#### **Proof of Bank Account**

Please provide proof of the nominated bank account name and number:

- a pre-printed deposit slip
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank included on the statement

## 4. Identification and Proof of Address

As part of your application, you must provide copies of your ID and proof of address. All photocopied documents must be verified or certified by an authorised person (see below) before sending them to us.

Please provide us with either:

- a copy of your current passport (page showing your name, date of birth, photograph and signature), or
- a copy of your current driver licence showing your name, signature and expiry date, AND a bank account statement or
  document that contains your full name and addressed to you by a New Zealand registered bank within the last 3 months, or
  statement from any New Zealand government department addressed to you dated within the last 3 months, or New Zealand
  SuperGold card, or birth certificate, or
- a copy of your current firearms licence.

AND one of the following issued and dated within the last 3 months, showing your name and current residential address:

- Bank statement
- Utility bill (e.g. power or home phone bill)
- Rates bill
- Letter or statement from a NZ government agency

#### Who can certify your documents?

The following people can certify photocopies of original documents as true and correct copies:

- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

Please note that the certifier must be at least 16 years of age and cannot be:

- a person involved in the transaction requiring the certification
- related to you
- your spouse or partner
- a person who lives at the same address as you.

Copies of ID and proof of address must be recently certified (in the previous three months) as a true copy of the original which represents your identity by one of the people listed above.

## 5. Statutory Declaration

A statutory declaration is a written statement that allows a person to declare something to be true. You'll need to complete this page including signing it, in front of an authorised person. You'll make the declaration, and the person witnessing will take the declaration.

#### Who can witness the declaration?

The following persons can witness you making the declaration:

- Notary Public
- Justice of the Peace
- Person enrolled as a barrister and solicitor of the High Court
- Registrar or deputy registrar of the Supreme Court, High Court, a District Court or Court of Appeal
- Member of Parliament
- Any other person authorised by law to take statutory declarations.

I, Full Name of person making the declaration (you, the member)	
of, Address	
	Postcode
And, Occupation	

#### solemnly and sincerely declare that:

- I am experiencing or likely to experience significant financial hardship for one or more of the reasons as indicated in section 1 of this application;
- I have explored and exhausted all reasonable alternatives of funding to relieve my significant financial hardship including borrowing money;
- I understand that acceptance of the application is at the discretion of the Supervisor;
- I understand that Amova Asset Management New Zealand Limited (Amova) and/or the Supervisor may request additional information from me or a third party relating to this application;
- I am aware that if the Supervisor accepts my application, the Supervisor may limit the amount that I am able to withdraw to an amount that in its opinion is required to alleviate my financial hardship;
- I indemnify the supervisor of the GoalsGetter KiwiSaver Scheme, Amova Asset Management and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of my membership of the GoalsGetter KiwiSaver Scheme and/or any withdrawal payment made;
- I acknowledge that the Privacy Act 1993 gives me the right to access and request correction of personal information held by Amova Asset Management, Public Trust and their associated entities and agents. The information will be held securely by Amova Asset Management whose address is Level 17, Vero Centre, Auckland 1010, New Zealand and APEX Investment Administration NZ Limited, whose address is Level 25, QBE Centre, 125 Queen Street, Auckland 1010, New Zealand. I understand that the information supplied will be used to process my withdrawal request from the GoalsGetter KiwiSaver Scheme (and may be disclosed for these purposes to third parties where relevant). The information may also be used by Amova Asset Management, Public Trust and their associated entities and agents to offer me other products or services it thinks may be of interest. I acknowledge that the information, and any information provided by me at later dates will be used and may be shared as outlined in our privacy statement on our website at nz.amova-am.com.
- I confirm that I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this withdrawal form and that no other person has any claim against it.

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 the person making the declaration (you, the member)		
Declared at (location)		Date
Before me: (the person in front of whom the declaration is made)		
Full Name of person taking the declaration (the witness)		
Address		
	Posto	code
Signature of the person taking the declaration (the witness)		