



Milford KiwiSaver Plan Serious Illness Withdrawal Application Form

Post this form & supplementary documentation to: **Milford KiwiSaver Plan, PO Box 960, Shortland Street, Auckland 1140**

Member Details

TITLE	FIRST NAME(S)	MIDDLE NAME(S)	SURNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INVESTOR NUMBER	IRD NUMBER	DATE OF BIRTH	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
EMAIL	CONTACT PHONE NUMBER		
<input type="text"/>	<input type="text"/>		
PHYSICAL ADDRESS (cannot be a PO Box)	SUBURB		
<input type="text"/>	<input type="text"/>		
CITY	COUNTRY	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
POSTAL ADDRESS (if different from physical address)	SUBURB		
<input type="text"/>	<input type="text"/>		
CITY	COUNTRY	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Withdrawal Details

We can only pay your withdrawal amount to you; we cannot pay third parties.
You must provide us with NZ domiciled bank account details and proof of these details, please refer to page 4 for further details.

NAME OF BANK ACCOUNT			
<input type="text"/>			
NAME OF BANK			
<input type="text"/>			
BRANCH			
<input type="text"/>			
ACCOUNT NUMBER			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
BANK	BRANCH	ACCOUNT NUMBER	SUFFIX

Milford KiwiSaver Plan Serious Illness Withdrawal Application Form (continued)

Statutory Declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. You'll need to complete the following page in front of an authorised person. The following people can witness you making the declaration:

- a Justice of the Peace;
- a Barrister and Solicitor of the High Court;
- a Notary Public;
- the Registrar or Deputy Registrar of the High Court or of any District Court;
- a member of Parliament; or
- any other person authorised to take a statutory declaration

I, FULL NAME

of, ADDRESS

and, OCCUPATION

Solemnly and sincerely declare that:

- During the period I have been a member of KiwiSaver, my principal place of residence was New Zealand. Where there were periods New Zealand was not my principal place of residence, I have listed these below:

I lived in	<input type="text"/>	from	<input type="text"/>	/	<input type="text"/>	/	to	<input type="text"/>	/	<input type="text"/>	/
I lived in	<input type="text"/>	from	<input type="text"/>	/	<input type="text"/>	/	to	<input type="text"/>	/	<input type="text"/>	/
I lived in	<input type="text"/>	from	<input type="text"/>	/	<input type="text"/>	/	to	<input type="text"/>	/	<input type="text"/>	/

- I understand that any government contributions claimed for any period(s) that New Zealand was not my principal place of residence, as set out above, will be deducted from my withdrawal amount and returned to Inland Revenue. However if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you are eligible for government contributions. If this applies please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.
- The information supplied in (or in connection with) this application is true and complete and accordingly, I agree to indemnify Milford, the Manager and the Supervisor 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 next available unit price(s) after my request is approved or accepted and that fees, taxes and expenses may be deducted.

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

SIGNATURE OF MEMBER

DECLARED AT (place)

ON (date)

BEFORE (full name and occupation of person authorised to take declaration)

SIGNATURE (of person authorised to take declaration)

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Serious Illness Withdrawal Application Form (continued)

Identification

Electronic Identity Verification and Proof of Address

Milford can confirm the identity and/or address of many of our clients electronically, with their permission. Please note that we use a third party system not owned by Milford to conduct identity checks in this way.

If you wish to use this option please tick the box below and include a copy of your current NZ Passport or NZ Driver Licence (front and back) with your application.

I confirm that I give Milford authority to check my identity and address electronically using the documentation provided. Please also be aware that if this method fails to identify you, we will need to use physical documents to identify you.

For further detail on physical documentation requirements please see below.

Traditional Identity Verification and Proof of Address

If you prefer to provide Milford with original certified copies of your identification and address documents or you have opted not to use Electronic Identity Verification or did not pass this system check, then you will need to provide the following documentation:

Please note we are only able to accept original certified copies (i.e. the copy of the original that has been physically certified). These documents cannot be scanned to us. Please do not send in original versions of your identity documents.

If we need to ask you for further information, this will delay the processing of your application.

1. IDENTIFICATION

Originals can be verified by a Milford employee or certified by a person listed in the Accepted Trusted Referee table on page 4.

Option 1

One of the following:

- Current signed New Zealand Passport (preferred)
- New Zealand Firearms Licence

OR

Option 2

- New Zealand Drivers Licence (front and back)

In combination with one of the following:

- Bank statement, received in the post from the bank and dated within the last 12 months
- Valid credit or debit card with name embossed and signature
- Birth certificate
- Citizenship certificate
- Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months
- SuperGold card with photo, name and signature

2. CERTIFIED ADDRESS PROOF

Original certified copy. Must state name and physical address, cannot be a PO Box address.

One of the following:

- Bank statement, received in the post from the bank and dated within the last 12 months (we accept down loaded bank statements)
- Utility bill (power, water, internet, fixed home phone, SKY) dated within the last 12 months
- Rates bill dated within the last 12 months
- Government agency letter (IRD, Work & Income, Electoral Commission) that you received in the post and dated within the last 12 months
- Tenancy agreement dated within the last 12 months
- Current house or contents insurance policy or renewal statement
- Current vehicle registration dated within the last 12 months
- Letter issued by local Health Board dated within the last 12 months

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Serious Illness Withdrawal Application Form (continued)

Identification (continued)

PROOF OF BANK ACCOUNT

Must be a NZ domiciled bank account in the name of the investor.

One of the following:

- Bank statement dated within the last 12 months
- Bank deposit slip
- Online bank summary page or transaction history, dated within the last 12 months
- Deposit receipt, account summary or transaction receipt, dated within the last 12 months must be stamped by the bank
- Bank correspondence with the account name and account number, dated within the last 12 months

ACCEPTED TRUSTED REFEREES

Originals can be verified by a Milford employee OR certified by a Trusted Referee in accordance with the instructions outlined below. Certified copies of documentation must be presented to Milford within three months of certification.

Identification must be certified by one of the following:

- Lawyer with a current practising certificate
- Chartered Accountant
- Member of the Police
- Justice of the Peace
- Registered Medical Doctor
- Registered Teacher
- New Zealand Honorary Consul
- Notary Public
- A person who has the legal authority to take statutory declarations or the equivalent in New Zealand

The certifier must:

- Make the statement "**I certify this to be a true copy of the original which I have sighted and represents a true and correct likeness of the [name of the person presenting the documentation for certification].**"
- Include their **name, occupation and capacity to be a certifier** e.g. registration number (if applicable), **signature** and date of **certification**.
- Not be living at the same address, a relative or spouse of the individual presenting the documents.

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Serious Illness Withdrawal Application Form (continued)

Authorisation

I understand that if I withdraw my full balance, my KiwiSaver account will be closed, and I will no longer be a member of KiwiSaver.

I understand that if I have funds transferred from an Australian complying superannuation fund, and I am paid a partial withdrawal, the withdrawal must be applied to my KiwiSaver funds first.

I understand that Milford Asset Management and/or the supervisor may contact the doctor providing the declaration on page 6-7 to gain clarity of my condition if required. I consent to that doctor providing my personal information to Milford Asset Management and/or the supervisor for that purpose.

SIGNATURE

DATE

Application Form Checklist

<input type="checkbox"/>	Completed & signed withdrawal form
<input type="checkbox"/>	Signed and witnessed statutory declaration
<input type="checkbox"/>	Certified personal identification or Electronic Identity Verification consent (refer to pages 3-4)
<input type="checkbox"/>	Certified address verification or Electronic Identity Verification consent (refer to pages 3-4)
<input type="checkbox"/>	Proof of bank account
<input type="checkbox"/>	Completed & signed Medical Practitioner's/Specialist's Declaration

Milford KiwiSaver Plan Serious Illness Withdrawal Application Form (continued)

To be completed by a registered medical practitioner or a specialist*

Medical Practitioner/Specialist Declaration

To: Milford KiwiSaver Plan
PO Box 960
Shortland Street
Auckland 1140
Attention: Investor Services

PATIENT DETAILS

TITLE	FULL NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>
POSTAL ADDRESS	SUBURB	
<input type="text"/>	<input type="text"/>	
CITY	COUNTRY	POSTCODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

DOCTOR'S DETAILS

DOCTOR'S FULL NAME

1,

POSTAL ADDRESS

of

EMAIL

PHONE NUMBER

* Please ensure that a specialist completes this form for mental health illness claims rather than a GP.

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Serious Illness Withdrawal Application Form (continued)

Medical Practitioner/Specialist Declaration (continued)

CONFIRM THAT:

1. I am a registered medical practitioner
2. The above-named is my patient and I've recently conducted a full medical examination on him/her
3. In my opinion, the patient has an injury, illness or disability that: (please select one option)
 - results in him or her 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 these things, or
 - poses a serious and imminent risk of death

OR

- In my opinion, the member does not meet either of the criteria above

Detailed summary of condition (including date of diagnosis and treatment in place)

REGISTERED MEDICAL PRACTITIONER'S SIGNATURE

DATE

/ /

PRACTICE NAME

REGISTERED MEDICAL PRACTITIONER/ PRACTICE STAMP

MEDICAL COUNCIL REGISTRATION NUMBER

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