



Milford KiwiSaver Plan Life-Shortening Congenital Condition Withdrawal Form

You may be eligible to withdraw from your KiwiSaver account if you are suffering from a life-shortening congenital condition (i.e. a condition you have had since birth that reduces life expectancy).

Important note: If your withdrawal is approved, you will be considered to have reached retirement age for the purposes of the KiwiSaver Act 2006. This means you will no longer be eligible to receive any Government contributions or compulsory employer contributions.

Once complete please return this form along with all 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"/>	

Milford KiwiSaver Plan Life-Shortening Congenital Condition Withdrawal Form (continued)

Withdrawal Payments

Members have the choice of four withdrawal payment options. Please select the type of withdrawal you would like to make:

I wish to make regular withdrawals:

AMOUNT TO WITHDRAW

\$

FREQUENCY

Fortnightly

Monthly

Quarterly

START DATE

/ /

I wish to make lump sum withdrawals from my KiwiSaver account

INITIAL LUMP SUM

\$

To make future lump sum amounts please complete our Subsequent Retirement Withdrawal Form

I wish to withdraw all funds and close my KiwiSaver account

I wish to withdraw some/all of my KiwiSaver investment and transfer it to a Milford Investment Funds account

ACCOUNT NUMBER (of any existing Investment Funds account)

M L

Please detail the amount you want to transfer or tick the box to transfer the full balance.

I want to transfer \$ or Transfer full balance and close my KiwiSaver account.

If you are opening an Investment Funds account or are wanting to establish a new Fund holding within your existing Investment Funds account, you will need to complete an application form and send it to us along with this withdrawal form. To obtain an Investment Funds account application form please contact Milford on 0800 662 345, or visit our website www.milfordasset.com.

Please note a full KiwiSaver withdrawal can take up to 10 working days to process.

Payment Details

Please note Milford will only make payments to a New Zealand bank account in your name. Please provide us with a copy of the bank statement or bank generated deposit slip for the account you are nominating for payment.

NAME OF BANK ACCOUNT

NAME OF BANK

BRANCH

ACCOUNT NUMBER

BANK

BRANCH

ACCOUNT NUMBER

SUFFIX

Milford KiwiSaver Plan Life-Shortening Congenital Condition Withdrawal Form (continued)

Your Agreement

I understand that:

- I will no longer be eligible to receive any Government contributions and my employer can stop their contributions. Once the correct documentation is received, the withdrawal is usually processed and paid to my bank account within 10-15 business days of receiving my request.
- Milford and/or the Supervisor may request additional information from me relating to this application.
- Milford and/or the Supervisor may contact my doctor to request additional information about my condition. I consent to my doctor providing personal information to Milford or the Supervisor for this purpose.
- If I choose a partial or a regular withdrawal, and have multiple funds, the withdrawal will be deducted proportionately from each fund I invest in.
- It is not possible to time my withdrawal request for a specific unit price. The unit price received for my withdrawal request will be the unit price that is available on the business day that my withdrawal request is processed.

SIGNATURE OF MEMBER

DATE

Milford KiwiSaver Plan Life-Shortening Congenital Condition Withdrawal Form (continued)

Statutory Declaration

(Only required for your first Life-Shortening Congenital Condition withdrawal)

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.
- 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)

Milford KiwiSaver Plan Life-Shortening Congenital Condition Withdrawal Form (continued)

Identification

We have two options for clients to confirm their identity. Please select one of the options below.

Option 1: Electronic Identity Verification and Proof of Address

Milford can confirm the identity and/or New Zealand 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.

- I confirm that I give Milford authority to check my identity and/or address electronically using the documentation provided. I have included a copy of my current NZ Passport (preferred) or NZ Driver Licence (front & back)
Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.

Option 2: Certified copies of Identity Documents

Please provide certified photocopies of your documents (we need the copy that has been physically certified). These documents cannot be scanned to us. Please do not send original versions of your identity documents.

- Please verify my identity and address with the attached documents:
- Certified copy of identification document/s
 - Certified copy of physical address

For further detail on document requirements, including who can certify them and correct certification wording, see pages 5-6.

1. IDENTIFICATION

Originals can be verified by a Milford employee or certified by a person listed in the Accepted Trusted Referee table on page 6.

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
 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

Milford KiwiSaver Plan

Life-Shortening Congenital Condition Withdrawal Form (continued)

Investor 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.

Withdrawal 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 4-5)
<input type="checkbox"/>	Certified address verification or Electronic Identity Verification consent (refer to pages 4-5)
<input type="checkbox"/>	Proof of bank account
<input type="checkbox"/>	Completed & signed Doctor's Declaration

Milford KiwiSaver Plan Life-Shortening Congenital Condition Withdrawal Form (continued)

To be completed by a registered medical practitioner

Doctor's 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

CONFIRM THAT:

1. I am a registered medical practitioner
2. In my opinion, the patient has a life-shortening congenital condition, which I have detailed below

DETAILS OF LIFE-SHORTENING CONGENITAL CONDITION

If the condition is not a listed condition under the KiwiSaver Act 2006 (currently Down syndrome, Cerebral palsy, Huntington's disease or Fetal alcohol spectrum disorder), please also outline the existing national or international research that forms the basis for the life expectancy assessment.

REGISTERED MEDICAL PRACTITIONER'S SIGNATURE	DATE
<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>

PRACTICE NAME

REGISTERED MEDICAL PRACTITIONER/ PRACTICE STAMP

MEDICAL COUNCIL REGISTRATION NUMBER