

# GUIDE TO KIWISAVER EARLY WITHDRAWAL FOR LIFE-SHORTENING CONGENITAL CONDITIONS

This guide explains which congenital conditions are eligible for an early withdrawal, the process to follow to make an early withdrawal and the benefits of being in KiwiSaver.

If you have a life-shortening congenital condition you could be eligible to withdraw your KiwiSaver savings early. If you're not an existing KiwiSaver member, you can join KiwiSaver and take advantage of all of the benefits that KiwiSaver offers, in the knowledge that you'll be able to apply for a withdrawal at a time that is right for you.

## CAN I APPLY FOR A LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL?

You can apply for an early withdrawal if you were born with a congenital condition that is expected to reduce life expectancy below 65 for you or people in general with the congenital condition.

## DOES MY CONGENITAL CONDITION QUALIFY?

The list of conditions that automatically qualify for a life-shortening congenital conditions withdrawal are:

- Down syndrome
- Cerebral palsy
- Huntington's disease
- Fetal alcohol spectrum disorder

If you have one of the four qualifying congenital conditions, your medical practitioner will just need to provide a medical certificate along with your application, confirming that you have that congenital condition.

If you have a life-shortening congenital condition not listed above, you can apply for an early withdrawal by completing the life-shortening congenital conditions withdrawal form. Your medical practitioner will need to provide additional information to support your withdrawal application.

## WHO MAKES THE FINAL DECISION?

ANZ Investments is your KiwiSaver scheme provider. However, it's the scheme's supervisor The New Zealand Guardian Trust Company Limited (NZGT) who makes the final decision about your application. NZGT takes into account your individual circumstances and the requirements of the KiwiSaver Act 2006. We ensure you've sent in all the documents and submit them to the supervisor for assessment for you.

## HOW LONG UNTIL I GET A DECISION?

Once we've received your application, we aim to pay your withdrawal within 15 business days. It may take longer if there are public holidays, or we need to ask for additional information from you or Inland Revenue.



## HOW DO YOU APPLY FOR AN EARLY WITHDRAWAL?

If you think you're eligible for a life-shortening congenital conditions withdrawal, follow the steps below.

- 1 Complete the life-shortening congenital conditions withdrawal form.
- 2 Collect all of the supporting documents listed in the checklist on page 2 of the form. This includes a completed medical certificate from a medical practitioner.
- 3 Take your completed form to a Justice of the Peace or any other authorised person. You'll need to complete the Statutory Declaration (on page 4 and 5) in front of them and they will witness your declaration.
- 4 Send us your form and all of the supporting documents. You can email/post them to us, or drop them at any ANZ branch.

## WHEN CAN I START MAKING WITHDRAWALS?

To make a withdrawal you'll need to complete the life-shortening congenital conditions withdrawal form. Complete this when you're ready to withdraw, as you're unable to set a withdrawal date in advance.

As part of the withdrawal process you'll need to include a medical certificate from a medical practitioner. There are no set ages or timeframes for when you can withdraw related to the congenital condition you have, so if you'd like more certainty please consult your doctor.

## HOW MUCH CAN I WITHDRAW?

If you're eligible you can withdraw all of your KiwiSaver savings, either as a lump sum, a partial withdrawal or as a regular (fortnightly, monthly, or quarterly) withdrawal.

Once you make your first withdrawal, you'll no longer be eligible for Government or compulsory employer contributions. If you withdraw all of your KiwiSaver savings, your account will be closed.

Before making a withdrawal application please consider how your withdrawal may impact any social assistance benefits you receive.

Once you've made your first withdrawal, you'll need to complete the subsequent retirement withdrawal form for any subsequent withdrawals. You won't need to provide medical evidence for any subsequent withdrawals.

## I'M NOT YET IN KIWISAVER, CAN I JOIN?

Yes, you can join KiwiSaver if you have a life-shortening congenital condition if you are:

- a New Zealand citizen or entitled to remain in New Zealand indefinitely, and
- living or normally living in New Zealand.

If you're already a KiwiSaver member with another provider, you can choose to transfer to the ANZ KiwiSaver Scheme at any time.

Visit [anz.co.nz/joinkiwisaver](https://anz.co.nz/joinkiwisaver) to join online. Alternatively, you can join at any ANZ branch or email your application form to us at [registry@anzinvestments.co.nz](mailto:registry@anzinvestments.co.nz)



## WHAT HAPPENS ONCE YOU RECEIVE MY APPLICATION?

- 1 We receive your application and supporting documents. If you've given us your mobile number, we'll send a confirmation text.
- 2 We check your application and supporting documents. If anything is missing we'll let you know that we need more information. We can't continue to the next step until we have everything we need from you.
- 3 When you've given us all the information we need we'll assess your application.
- 4 We send your application and supporting documents to the supervisor for a final decision.
- 5 We'll let you know the outcome either by text, email or letter.
- 6 If your application is approved, we'll make payment to the bank account/s stated on your application form.

## WHAT BENEFITS DO I RECEIVE AS A MEMBER?

KiwiSaver is an easy way to help you save for your future and has a range of benefits.

You can get contributions from the Government. From age 18 until the time you make a life-shortening congenital conditions withdrawal, and if you're mainly living in New Zealand, the Government will contribute 50 cents for every \$1 you contribute, up to a maximum of \$521.43 every year.

You can also get contributions from your employer. If you're employed and contributing from your pay, aged 18 or over and you haven't yet made a life-shortening congenital conditions withdrawal, your employer contributes at least 3% of your before-tax pay into your KiwiSaver account. Your employer's contribution is taxed.

**Important Information:** ANZ New Zealand Investments Limited is the issuer and manager of the ANZ KiwiSaver Scheme, the ANZ Default KiwiSaver Scheme and the OneAnswer KiwiSaver Scheme. The guide and product disclosure statement for the ANZ KiwiSaver Scheme and ANZ Default KiwiSaver Scheme are available at [anz.co.nz](https://anz.co.nz). The guide and product disclosure statement for the OneAnswer KiwiSaver Scheme are available at [anz.co.nz/oneanswer](https://anz.co.nz/oneanswer). ANZ Investments is not an authorised deposit taking institution (ADI) under Australian law and investments in each scheme aren't deposits in or liabilities of ANZ Bank New Zealand Limited, Australia and New Zealand Banking Group Limited, or their subsidiaries (together 'ANZ Group'). ANZ Group doesn't stand behind or guarantee ANZ Investments. Investments in the schemes are subject to investment risk, including possible delays in repayment, and loss of income and principal invested. ANZ Group won't be liable to you for the capital value or performance of your investment.



Call us:  
0800 736 034



Email us:  
[service@anzinvestments.co.nz](mailto:service@anzinvestments.co.nz)



For more information visit  
[anz.co.nz/kiwisaverwithdrawals](https://anz.co.nz/kiwisaverwithdrawals)

# LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL APPLICATION FORM



Use this form to apply for your **first withdrawal due to a life-shortening congenital condition**. If you want to make a **subsequent** life-shortening congenital conditions withdrawal, or amend your regular withdrawal, please complete the [subsequent retirement withdrawal form](#).

Before making a withdrawal application please consider how your withdrawal may impact any social assistance benefits you receive.

**The fastest way to provide us your form and supporting documents is to email them to [earlywithdrawals@anzinvestments.co.nz](mailto:earlywithdrawals@anzinvestments.co.nz).**

Alternatively you can post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142 or drop them into an ANZ branch.

## 1. YOUR INFORMATION

First name(s)											
Surname											
ANZ customer (or investor) number											
Date of birth	D	D	M	M	Y	Y	Y	Y			
Country of birth											
Contact number						Email					
IRD number											
Prescribed investor rate	<input type="checkbox"/> 10.5%	<input type="checkbox"/> 17.5%	<input type="checkbox"/> 28%	(see <a href="http://anz.co.nz/pirupdate">anz.co.nz/pirupdate</a> for help)							

## 2. WITHDRAWAL AMOUNT

If my application is approved, I would like to make:

☐ a withdrawal of my full available balance

If I withdraw my full balance, my KiwiSaver account will be closed, and I will no longer be a member of a KiwiSaver scheme.

☐ a partial withdrawal of \$

The minimum amount you can withdraw is \$1,000.

☐ a regular withdrawal of \$ starting 

D	D	M	M	2	0	Y	Y
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and at the following frequency: ☐ fortnightly ☐ monthly ☐ quarterly

Minimum of \$200 a fortnight, \$400 a month or \$1,000 a quarter.

**If you have multiple funds** and are choosing a partial or regular withdrawal, the withdrawal will be deducted proportionately across each fund you invest in, unless specified otherwise. If you have a specific withdrawal request, please specify the **fund name(s)** and **dollar amount(s)** below.

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## 3. BANK ACCOUNT DETAILS

We can only pay your withdrawal amount to you; we can't pay to a third party.

If my application is approved, please pay my withdrawal amount into my New Zealand bank account below:

Bank	Branch	Account number	Suffix
Payment account			
Name of bank account holder			

If you have listed a non-ANZ bank account, please provide us with a pre-printed deposit slip or bank statement dated within the last six months.

If you'd like your withdrawal amount paid to an overseas bank account, please complete an International Money Transfer (IMT) form available from [anz.co.nz/kiwisaverforms](http://anz.co.nz/kiwisaverforms)

# LIFE-SHORTENING CONGENITAL CONDITIONS

## WITHDRAWAL APPLICATION FORM

### 4. PRIVACY

You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at [anz.co.nz/privacy](http://anz.co.nz/privacy). If you prefer a print version, it is available to download as a PDF or from any branch.

We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you.

### 5. IDENTIFICATION

As part of your application, you must provide either verified or certified copies of your valid ID and proof of address.

- **Verified** – An ANZ branch or an ANZ Investments approved financial adviser can check your original ID and proof of address documents. They can submit your application at the same time.
- **Certified** – A Notary Public, Justice of the Peace, NZ lawyer, or any other person who has the legal authority can certify a copy of your ID and proof of address documents by checking them against the originals. You can then send in these certified copies with your application form.

See [anz.co.nz/myid](http://anz.co.nz/myid) for more information.

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

#### Identity documents

Please provide us with:

☐ **Option 1: ONE of these documents:**

- |   |   |
|---|---|
| <input type="checkbox"/> New Zealand passport       | <input type="checkbox"/> National ID card             |
| <input type="checkbox"/> Overseas passport (signed) | <input type="checkbox"/> New Zealand firearms licence |

☐ **Option 2: A New Zealand driver licence AND**

**ONE of these documents (must be dated within the last six months):**

- |   |  |
|---|--|
| <input type="checkbox"/> Bank statement<br>(including from ANZ) | <input type="checkbox"/> Central Government Agency document<br>(issued to you) |
| <input type="checkbox"/> SuperGold Card                         | <input type="checkbox"/> New Zealand Defence or Police Photo ID                |

☐ **Option 3: ONE form of primary non-photo ID**

- |   |   |
|---|---|
| <input type="checkbox"/> New Zealand full birth certificate | <input type="checkbox"/> Certificate of New Zealand citizenship |
| <input type="checkbox"/> Overseas birth certificate         | <input type="checkbox"/> Overseas citizenship certificate       |

**AND**

**ONE form of secondary photo ID**

- |   |   |
|---|---|
| <input type="checkbox"/> New Zealand driver licence   | <input type="checkbox"/> New Zealand Defence or Police Photo ID |
| <input type="checkbox"/> 18+ card or Kiwi Access Card |   |

#### Proof of address

Please provide us with **ONE** of the below acceptable forms of address. The document must be dated within the last six months and show your name and current New Zealand address.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Utility bill   | <input type="checkbox"/> Signed rental tenancy agreement, flatting or sub-letting agreement                  | <input type="checkbox"/> Short-term accommodation letter issued by the accommodation provider and include your name |
| <input type="checkbox"/> Bank statement or bank document (including from ANZ) | <input type="checkbox"/> Electoral roll papers   | <input type="checkbox"/> Letter from employer on company letterhead confirming residential address                  |
| <input type="checkbox"/> Non-bank financial institution statement or document | <input type="checkbox"/> Electronic White/Yellow Pages   | <input type="checkbox"/> Letter from a lawyer or accountant confirming your residential address                     |
| <input type="checkbox"/> Central Government Agency document e.g. IRD, ACC     | <input type="checkbox"/> Insurance policy document   | <input type="checkbox"/> Retirement home letter or invoice  |
| <input type="checkbox"/> Local Council/Government letter                      | <input type="checkbox"/> Car registration notification/demand  | <input type="checkbox"/> Letter or invoice from your general practitioner (GP)                                      |
|   | <input type="checkbox"/> Educational Institution letter from education facility, must be on letterhead paper |   |

#### An example of correctly certified ID



I, James Black

hereby certify that this is a true and correct copy of the original document which I have sighted, and it represents a true likeness of the individual.

Dated the 15<sup>th</sup> day of January 2016

Enrolled barrister and solicitor of the High Court of New Zealand

Ensure the 'true likeness' wording is included, that the image of you is clear, and the text can be clearly read.

# LIFE-SHORTENING CONGENITAL CONDITIONS

## WITHDRAWAL APPLICATION FORM

### 6. CHECKLIST

Make sure you send us everything listed below, we can only process your application when we have:

- ☐ Your completed application.
- ☐ Your completed statutory declaration, signed by you and witnessed by a person authorised to take statutory declarations within the last three months.
- ☐ Certified/verified copies of your ID and proof of address.
- ☐ Your medical certificate signed by your medical practitioner.

**If your email submission exceeds 20MB, please separate your submission into multiple emails.**

### 7. WHAT TO EXPECT NEXT

- Once you've submitted your withdrawal application, you'll receive a text/email confirming it's been received and that we're checking all documents have been provided.
- If we require any additional information or documents we'll contact you using the mobile, email and/or postal address you have provided us.
- Once we have all the documents required we'll send your application to the supervisor, who will make a determination.
- If your application is approved we will send you a text/email with a confirmation.
- If the value of your investment reaches zero at anytime, your account will be closed and you will no longer be a member of a KiwiSaver scheme. Should this happen, ensure any direct debits or automatic payments to your KiwiSaver account are cancelled.

### 8. HOW LONG WILL IT TAKE

Once we've received your application, we aim to pay your withdrawal within 15 business days. It may take longer if there are public holidays, or we need to ask for additional information from you or Inland Revenue.

# STATUTORY DECLARATION

## LIFE-SHORTENING CONGENITAL CONDITIONS WITHDRAWAL APPLICATION FORM



**Important** – read this section before completing your statutory declaration.

- ANZ branch staff can't take statutory declarations. A solicitor, Justice of the Peace or Notary Public can take this statutory declaration for you. For more information about who can take statutory declarations, see [anz.co.nz/myid](http://anz.co.nz/myid).
  - All of the boxes must be completed.
  - Include your occupation. If you, the member, are either retired or unemployed, this too must be noted in the occupation box.
- Any errors will require a new declaration to be completed – potentially delaying your application.

### 1. ELIGIBILITY FOR GOVERNMENT CONTRIBUTIONS

During your KiwiSaver membership, were there any periods when you lived overseas and did not have a permanent residence in New Zealand?

☐ **No** (continue to section 2) ☐ **Yes**. List below the periods when you lived overseas and did not have a permanent residence in New Zealand:

I lived in		from	D	D	M	M	Y	Y	to	D	D	M	M	Y	Y
I lived in		from	D	D	M	M	Y	Y	to	D	D	M	M	Y	Y
I lived in		from	D	D	M	M	Y	Y	to	D	D	M	M	Y	Y

To be eligible to withdraw Government contributions you have received during your KiwiSaver membership, you must have had your principal place of residence in New Zealand over that time. If you have lived overseas, we'll need to contact the Inland Revenue regarding your Government contributions. This may take up to 10 business days.

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.

### 2. STATUTORY DECLARATION

I			(Full name of the person making the declaration)
of	Residential address		
		Postcode	
and	Occupation		

**solemnly and sincerely declare that:**

I understand that

- if my withdrawal is approved, my KiwiSaver savings will be paid to me as if I have reached age 65. This means that after my withdrawal, I will no longer be eligible for Government contributions and my employer can stop their contributions.
- if I have not had a principal place of residence in New Zealand during my KiwiSaver membership, I will not be entitled to withdraw any Government contributions received during that period. Any Government contributions claimed on my behalf during any such period will be returned to the Commissioner of Inland Revenue. The information I have provided in section 1 (above) is correct to the best of my knowledge.
- If I have multiple funds, and have chosen a partial or a regular withdrawal, the withdrawal will be deducted proportionately across each fund I invest in, unless specified otherwise.
- my funds continue to be invested, and may rise and fall in value, until the withdrawal is approved and payment is processed.
- ANZ Investments or the supervisor may contact the medical practitioner providing the certificate on page 5 to gain clarity of my congenital condition if required. I consent to that medical practitioner providing my personal information to ANZ Investments or the supervisor for that purpose.

**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 <b>making</b> the declaration (the applicant)	Declared at (location)
	on this date

**Before me:** (signature, name, occupation and address of the person in front of whom the declaration is made)

Full name
Address
Postcode
Occupation
Signature of the person <b>taking</b> the declaration

# LIFE-SHORTENING CONGENITAL CONDITIONS

## WITHDRAWAL APPLICATION FORM

To be completed by your medical practitioner.

### MEDICAL CERTIFICATE

To:  
ANZ Investments  
Freepost 324, PO Box 7149  
Victoria Street West, Auckland 1142  
  
Attention: Funds Management Operations

Patient's full name

Patient's date of birth

D	D	M	M	Y	Y	Y	Y
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Patient's address

	Postcode
--	----------

I Medical practitioner's full name

of Address of practice

	Postcode
--	----------

Contact number

Email

#### Verify that:

- ☐ I am a registered medical practitioner.
- ☐ I have included a medical certificate that confirms that the member has one of the following listed congenital conditions.

☐ Down syndrome

☐ Cerebral palsy

☐ Huntington's disease

☐ Fetal alcohol spectrum disorder

#### OR

- ☐ In my opinion the member has a life-shortening congenital condition (other than a listed congenital condition) that is expected to reduce life expectancy below 65 years for the member or persons in general with this congenital condition.

#### Description of life-shortening congenital condition

Please provide full details of the non-listed life-shortening congenital condition that the member has, with reference to existing national or international research that forms the basis for the life expectancy assessment. We require confirmation that in the member's case there would have been an expectation at the date of birth, by reason of their congenital condition, of not living to age 65.

LIFE-SHORTENING CONGENITAL CONDITIONS  
WITHDRAWAL APPLICATION FORM

To be completed by your medical practitioner.

Registered medical practitioner's signature

Date 

D

D

M

M

2

0

Y

Y

Medical Council registration number

Registered medical practitioner/ practice stamp

This page must be stamped to be valid

INTERNAL USE – ANZ STAFF ONLY

I  (staff full name)  
hereby verify that this is the original document.

Date 

D

D

M

M

2

0

Y

Y

Signature

Staff job role

Branch name

Branch Stamp

Once completed – staff must scan this form and all required supporting documents in the checklist to [earlywithdrawals@anzinvestments.co.nz](mailto:earlywithdrawals@anzinvestments.co.nz)