

# Application for withdrawal – serious illness

## Aon KiwiSaver Scheme

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### Introduction and steps to apply

Use this form to apply for a withdrawal from your KiwiSaver account if you are suffering serious illness. We will also require you to complete an AML Identity verification form which is available on our website [aonkiwisaver.co.nz](http://aonkiwisaver.co.nz).

KiwiSaver is a long-term retirement savings initiative. Because it is specifically designed to help you to save for your retirement, there are only very limited circumstances in which you can withdraw funds prior to the superannuation qualification age (currently 65).

One of these circumstances is serious illness. Under the KiwiSaver Act 2006, serious illness means an injury, illness, or disability—

- a) that results in the member 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 those things; or
- b) that poses a serious and imminent risk of death.

As outlined above, the criteria for withdrawal on the grounds of serious illness are explicit and high. **If your inability to work is temporary then you are unlikely to qualify for a serious illness withdrawal** and may wish to consider applying for a withdrawal on the grounds of significant financial hardship instead.

If the supervisor determines you are suffering serious illness, you can withdraw all or a part of your total KiwiSaver balance including the \$1000 kick-start and the amount of the government contributions.

#### To make an application you need to:

1. Complete sections A, B, C, and E.
2. Ask your health practitioner to complete section F.
3. Attach a pre-printed deposit slip or bank statement for the bank account you wish money to be paid into.
4. Sign the form and have your signature witnessed by a Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration.
5. Return the completed form to:

**Freepost Aon Retirement Saving**, Aon KiwiSaver Scheme, PO Box 332, Shortland St, Auckland 1140

If you have any questions about completing this form, please call 0800 266 463.

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### Section A: Personal details

IRD number    -    -

Member number

Date of birth   /   /

Title:  Mr  Mrs  Miss  Ms Other

Given name(s)  Surname

Postal address  Postcode

Direct phone  Mobile

Email

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## Section B: Amount requested

How much money do you need?

an amount of \$

all available funds (after deduction of any fees, expenses and taxes). I understand my KiwiSaver account will then be closed.

### Have you transferred money from a UK Pension Scheme after 5 April 2006?

No  Yes – please contact us for information. An extra withdrawal form is required

If your application is approved, which bank account would you like payment to be made into?

Bank account name

Bank account number

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## Section C: Statement of your condition

Name of GP  Years of attendance

Exact nature of your serious illness

When did your serious illness commence?  /  /

Doctor or specialist treating you

Doctor or specialist's address

Other comments that may assist the supervisor

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## Section D: Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Aon KiwiSaver Scheme account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your application. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Fisher Funds). The information may be used by, and disclosed to the supervisor, the Manager (Aon Saver Limited), the Administration Manager, or other entity involved in the administration and management of the Aon KiwiSaver Scheme (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Aon Saver Limited), whose address is PO Box 332 Shortland Street, Auckland 1140, and will be held by Link Market Services Limited who you can contact at PO Box 332 Shortland Street, Auckland 1140. You can request access to your personal information and can ask that it is corrected by calling 0800 266 463.

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**Section E: Your statutory declaration**

I, , of   
(Name) (Residential address)  
, solemnly and sincerely declare that:  
(Occupation)

1.  I have had my principal residence in New Zealand for the entire period that I have been a member of KiwiSaver, **or**  
 I was living overseas for the following dates / /  to / /   
and I understand I do not qualify to be paid the government contributions for this period.
2. I am suffering a serious illness as defined in the KiwiSaver Act 2006 and I am applying to the supervisor for a withdrawal from my KiwiSaver account as detailed above.
3. I understand that the value of my withdrawal will be based on the unit price(s) at the date my request is processed and that fees, taxes and expenses may be deducted.
4. I understand that acceptance of this application is at the discretion of the supervisor.
5. I understand the supervisor, in deciding whether to accept this application:
  - might require further information from me relating to this application;
  - might need to seek and obtain information that is held by any other person or organisation that the supervisor considers appropriate for the purpose of checking the information in, and to assist in assessing, this application and I authorise any person holding information relevant to this application to disclose it to the supervisor on request; and
  - will use and disclose the information about my serious illness for the sole purpose of assisting with the processing of this application.
6. I have read and understood the privacy statement in Section D and all information I have provided in this application and attached documents (if any) is true and correct.

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

Signature   
(your signature)

Declared at   
(location)

Date / /

Before me (JP, Solicitor, Notary Public or other person authorised to take a statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of parliament):

Full name  Occupation

Signature  Declaration taker's details/stamp

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**Section F: Your health practitioner's certification of your serious illness**

Patient's name

Postal address  Postcode

I,  of   
(Town or City)

Phone number (daytime)  Mobile number

Email

Certify that:

- I am a health practitioner registered with either the Medical or the Nursing Council of New Zealand and the assessment covered by this certification is within my scope of practice
- The above-named is a patient of mine and I gave him/her a full medical examination on  /  /
- In my opinion, the above-named has an injury, illness or disability which (please tick appropriate box(es)):
  - results in them being totally and permanently unable to engage in work they are suited for because of experience, education or training, or any combination of these; **or**
  - poses a serious and imminent risk of death.

I form this opinion based on (give a brief description of the patient's condition):

Signature

Date  /  /

records/reports attached

Registered health practitioner/practice stamp

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Once your health practitioner has completed this certification, please complete the checklist on the following page

## Checklist

I have:

- completed Sections A, B & C, and
- signed and dated Section E - your statutory declaration, in the presence of a person authorised to take a statutory declaration
- had Section F completed by my health practitioner

I attach:

- a pre-printed bank deposit slip or bank statement showing the account name and number into which payment is requested to be made. Payments will only be made to a third party with the provision of additional information. Please contact us if a third party payment is required.
- supplementary information in support of this application, such as medical records/reports or test results
- a completed AML form

Please return the completed form and documentation to:

**Freepost Aon Retirement Saving**

Aon KiwiSaver Scheme, P O Box 332, Shortland St, Auckland 1140.

If you have any questions about completing this form, please call 0800 266 463.