

# Application for withdrawal – life-shortening congenital condition

## Aon KiwiSaver Scheme

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### Introduction

Use this form to apply for a withdrawal from your KiwiSaver account if you have a life-shortening congenital condition. 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 if you have a life-shortening congenital condition. You can apply for a withdrawal if, since you were born, you have suffered from a condition that—

- a) is on the list of life-shortening congenital conditions in the KiwiSaver Regulations 2006 (known as a “listed condition”), or
- b) is not a listed condition but is expected to reduce life expectancy below the superannuation qualification age for you or for people in general with the condition.

The listed conditions are currently:

- Down syndrome (Down’s syndrome)
- cerebral palsy
- Huntington’s disease (Huntington’s chorea)
- fetal alcohol spectrum disorder

Your medical practitioner will need to provide a medical certificate to verify that you suffer from the condition and, if your condition isn’t a listed condition, that the condition is expected to reduce life expectancy below the superannuation qualification age.

If the supervisor is satisfied that the requirements for withdrawal are met, you can withdraw all or a part of your total KiwiSaver balance (including any \$1,000 kick-start and your government contributions).

Note that if you make a withdrawal you will no longer be eligible to receive government contributions or compulsory employer contributions.

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### Steps to apply

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

1. Complete sections A, B, and D.
2. Ask your medical practitioner to complete section E.
3. Attach a pre-printed deposit slip 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, and an AML Identity verification 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 AON

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 want to withdraw?

- 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: 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 D: 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 have a life-shortening congenital condition 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 life-shortening congenital condition for the sole purpose of assisting with the processing of this application.
6. I understand that if my application is accepted:
  - my KiwiSaver withdrawal will be released to me as if I had reached New Zealand superannuation qualification age; and
  - after payment of my KiwiSaver withdrawal, I will no longer be eligible to receive government contributions or compulsory employer contributions in relation to my future contributions (if any).
7. I have read and understood the privacy statement in section C and authorise any personal information to be collected, held and disclosed in the manner detailed. All information I have provided in this application 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 E: Your doctor's certification of your condition

Patient's name

Postal address  Postcode

I, Dr  of   
(Town or City)

Phone number (daytime)  Mobile number

Email

certify that:

- I am a medical practitioner registered with the Medical Council of New Zealand.
  - In my opinion (please tick appropriate box):
    - the above-named suffers from the condition  that has existed from the date of their birth and is on the list of life-shortening congenital conditions in the KiwiSaver Regulations 2006 (known as a "listed condition\*"); **or**
    - the above-named suffers from the condition  that has existed from the date of their birth and is expected to reduce life expectancy below the New Zealand superannuation qualification age (currently age 65) for the above-named or for persons in general with the condition.
- \* See the Introduction section of this form for the current listed conditions.

Signature  Date  /  /

Medical practice stamp

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## Checklist

I have:

- completed sections A & B
- signed and dated section D - your statutory declaration, in the presence of a person authorised to take a statutory declaration
- had section E completed by my doctor

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.
- a completed AML Identity verification 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.