

Life-Shortening Congenital Condition Withdrawal Form

Please upload this completed form via the Generate App or email to us.
If you would like help with understanding the criteria for a life-shortening congenital condition , or in completing this form, please email info@generatekiwisaver.co.nz or phone us on 0800 855 322

Use this form to apply for a withdrawal of your KiwiSaver balance if you have a life-shortening congenital condition. Life-shortening congenital condition is defined in section 12B(1)(a)(b) of the KiwiSaver Act as meaning a condition that exists from the date of your birth that is:

- identified as a life-shortening congenital condition by the KiwiSaver Regulations 2006 (Listed Condition); or
- not a Listed Condition, but you can provide evidence it is a condition that is expected to reduce your life expectancy (or the life expectancy of people in general with the same condition) below the age of qualification for NZ Superannuation (currently age 65) (Non-Listed Condition).

Important information about his withdrawal

Before applying for a life-shortening congenital condition you will:

- be treated as if you have reached the New Zealand Superannuation qualification age, and
- you will no longer be entitled to Government Contributions or compulsory employer contributions.

This withdrawal will not prevent you from continuing in paid employment.

If you withdraw from KiwiSaver due to a life-shortening congenital condition, you may no longer be eligible for social assistance or any other form of government assistance. Please contact your assistance provider to determine your individual circumstances before you apply.

- Document checklist:
- ☐ Completed application form.
 - ☐ Provide proof of your bank account (refer to page 2).
 - ☐ Provide **certified** copy of Identity (please refer to table on page 3).
 - ☐ Provide proof of address (please refer to table on page 3).
 - ☐ Complete Statutory Declaration to be witnessed by an authorised person (refer to page 5).
 - ☐ Your doctor or specialist must complete the declaration on page 4.
 - ☐ Medical certificate – detailed and recent medical certificate in regards to your life-shortening congenital condition.

Member Details

Title

First Name

Middle Name

Surname

Date of Birth

D

D

M

M

Y

Y

Y

Y

Residential Address

City

Country

Postcode

Home Phone

Work Phone

Mobile

Email

Generate KiwiSaver Member Number

G

E

N

IRD No.

If you don't know your IRD number, please call the IRD on 0800 227 774 or visit ird.govt.nz/tasks/find-my-ird-number

Where to send this form

Via the app: Simply login to your app and upload your completed form and all supporting documentation for processing **or**
Email return: Please scan this completed form and all supporting documentation and email it to us at info@generatekiwisaver.co.nz **or**
Postal return: Please send this completed form and all supporting documentation to: Generate KiwiSaver Scheme, PO Box 91609, Victoria Street West, Auckland 1142

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Your Withdrawal Options

Please pick one of the following withdrawal options:

- ☐ Withdraw all of my savings;
- ☐ Withdraw part of my savings (minimum withdrawal of \$100);

Amount \$ _____

- ☐ Set up a regular facility to withdraw my savings (minimum withdrawal of \$100).

Start date of regular withdrawal _____

Amount \$ _____

Frequency

- ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Yearly

Payment Details

We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly).
We will not pay to a business bank account.

Account Holder's Name _____

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank _____

Proof of your Bank Account

New Zealand Bank account in your name

Please provide a bank record or document that:

- includes the bank account name
- includes the bank account number
- includes the bank logo

Examples of this include a bank statement, an online bank account statement, an over the counter printed bank receipt with a tellers stamp, signature and date, a pre-coded deposit slip or copy of a cheque.

Privacy Statement

Generate Investment Management Limited (or Generate group companies), Public Trust, any of their authorised agents, and any distributor (each an "Authorised Person") may collect and hold the personal information that you provide to us as part of this application.

Your information will be used by Generate and the Supervisor to manage your relationship with Generate and the Supervisor, to provide products and services to you, to comply with any applicable laws, to offer you further products and services that may be of interest to you and for any other use for which you have given authorisation. We may also disclose your personal information for these purposes to our staff members, related companies, our third party service providers and to the Financial Markets Authority or other applicable regulators. Generate may further use your information to electronically verify your identity. We may pass your information to and check it with the document issuer, official record holder and authorised third parties that Generate has contracted to carry out the verification process. Generate may share your information and the results of the verification process with appropriate third parties (such as a distributor or adviser that will or has been providing services to you) to enable that third party to comply with any applicable laws.

You may request a copy of the information held about you, and if any of the information is incorrect, ask for it to be corrected. You can do this by contacting us by email or call us on 0800 855 322.

For further information about how we handle your personal information, please read our Privacy Statement available at generatewealth.co.nz/privacy-statement/.

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Electronic Verification of Identity and Proof of Address (Required for all Signatories)

If you agree to Electronic Verification of Identity please tick the box below. If we are unable to identify you using this method or you do not consent, you will need to provide certified ID and address documents as per the Non-Electronic Verification of Identity and Proof of Address section below.

Electronic Verification of Identity and Proof of Address

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

☐ I confirm that I give Generate authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my identification – either a current signed Passport or current Driver Licence (front & back) from New Zealand or Australia. Please note, if we are unable to identify you using this method, we will contact you to provide physical documents.

Pursuant to Australian legislative requirements Generate must provide you with the following information if you use any Australian identification documents:

Generate uses identity verification services to verify your identity.

In verifying your information, Generate complies with both the New Zealand Privacy Act 2020 and our Privacy Statement and your rights in relation to your data are included in both the Act and our Privacy Statement at generatewealth.co.nz/privacy-statement/. Generate's use of identity verification services involves third party systems and services.

If you decline or cannot give your consent to Generate's online identity verification process you may be asked to meet face-to-face with an advisor or alternatively obtain certification of the necessary identification documentation by a trusted referee. This can be a Justice of the Peace, Solicitor or Notary Public.

DVS means Document Verification Service and in Australia it is managed by the Framework Administrator represented by the Australian Attorney General's department. You can get information regarding the operation and management for Australian identity documents at architecture.digital.gov.au/document-verification-service-dvs.

Generate's complaints process is available at generatewealth.co.nz/complaints/.

Generate assumes no responsibility or liability to you for errors in the provision of identity verification services or for any actions taken based on the verification information provided.

Non-Electronic Verification of Identity and Proof of Address

If you have opted not to use Electronic Verification of Identity, you will need to provide the following documentation to complete your application.

CERTIFIED COPY OF IDENTIFICATION

OPTION 1

- ☐ Passport; or
- ☐ New Zealand Driver Licence ; or
- ☐ New Zealand Firearms Licence

OPTION 2

- ☐ Birth Certificate; or
- ☐ Citizenship Certificate

AND one of the following:

- ☐ Kiwi Access Card (18+); or
- ☐ Tertiary Student Photo ID; or
- ☐ Current International Driving Permit and a driver licence from another country

CERTIFICATION OF YOUR DOCUMENTS

Provide certified copies of identity documents.

- Certification must be within the last three months.
- Any birth certificates that have been issued before 2003 should be certified or verified.
- The approved person cannot be your spouse, partner, relative or living at the same address as you.
- The approved person could be: a Justice of the Peace, Solicitor, Notary Public, or any other person who has legal authority to take statutory declarations in New Zealand.
- Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, **"I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]"**

PROOF OF ADDRESS

Choose one of the acceptable forms of **proof of address** by sending us a copy of an invoice, statement, letter or contract which shows: The applicant's name, is dated within the last 12 months, shows the full residential address (not a PO Box) and displays the Company logo.

- ☐ Utility provider e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)
- ☐ Government or local Government agency e.g. IRD, benefits statement, Council notice
- ☐ New Zealand Bank correspondence
- ☐ Non-Generate KiwiSaver correspondence
- ☐ Rental tenancy agreement
- ☐ Car registration notification/demand
- ☐ Insurance company (car, house, contents)

If you do not have one of the above forms then please provide a copy of an invoice, statement, letter or contract in applicant's name, dated within the **last 3 months**, from one of the following sources:

- ☐ Non-bank, non-KiwiSaver financial institution
- ☐ Insurance company (health, life)

Health Practitioner's Declaration of Life-Shortening Congenital Condition

Title		First Name				Surname					
Date of Birth		D	D	M	M	Y	Y	Y	Y	Daytime Phone	
Postal Address											
City				Country				Postcode			

I, (full name)		
Postal Address		
City	Country	Postcode
Clinic Phone Number	Email	

- I am a registered medical practitioner with the Medical Council of New Zealand.
- The above-named is a patient of mine and I have recently given them a full medical examination.
- In my opinion, the above named has a life-shortening congenital condition (please select the option below that applies):

- OR

- ### Non-Listed Congenital Conditions

Date _____

Health Practitioner's stamp

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Statutory Declaration

A statutory declaration made in New Zealand must be made before a person entitled to witness a statutory declaration under the Oaths and Declarations Act 1957 Such as a Justice of the Peace, Solicitor, Notary Public, or a person authorised to take statutory declaration such as a Registrar or Deputy Registrar of the High Court or any District Court or a member of Parliament.

Note: What you write must be true. You can be prosecuted if you make a false declaration. If the statutory declaration is not completed in full, you will be required to have the amendment initialled and dated by the same witness.

Ensure you include your occupation. If you, the member, are either retired or unemployed please note this in the occupation box. Do not leave any fields blank.

I (full legal name as seen on ID)

of (full residential address)

Number / Street Name / City / Country

and (occupation (or unemployed/retired))

solemnly and sincerely declare that:

- I am suffering a life-shortening congenital condition as defined in the Act, and I am applying to the Trustee for withdrawal from my Generate KiwiSaver Scheme account as detailed above to be paid to the bank account as specified in this form.
- I understand that acceptance of this application is at the discretion of the Trustee.
- I understand that if I am making a full withdrawal from my Generate KiwiSaver Scheme account for a life-shortening congenital condition, I will no longer be a member of the Generate KiwiSaver Scheme and my account will be closed.
- I will no longer be entitled to receive Government Contributions, or compulsory contributions in relation to any future employment (if any).
- I understand that the Manager and/or Trustee may request additional information from me relating to this application.
- I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my Generate KiwiSaver Scheme account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Trustee of the Generate KiwiSaver Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses 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 omission).
- I understand that the Manager and/or Trustee of the Generate KiwiSaver Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.

During the time I have been a member of KiwiSaver, I (tick one):

☐ Have had my principal place of residence in New Zealand for the entire time (continue to signature section).

☐ Was living overseas for the following period(s):

From (insert dates)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From (insert dates)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

Signature (of member)

Declared at (place)

On (date)

Before me (person before whom the declaration is made)

Full Name (of person authorised to take declaration)

Occupation (of person authorised to take declaration)

Signature (of person authorised to take declaration)

Stamp