

Serious Illness Withdrawal Form

About this form

This form is for applying for a withdrawal from your Pie KiwiSaver Scheme account if you are suffering from serious illness.

For help completing this form, phone **0800 586 657**.

Once complete, please email an electronic copy to **withdrawals@piefunds.co.nz**.

Your withdrawal application will begin processing once your case manager receives a complete application. If there are missing documents or evidence, your application may be delayed which may defer when you receive your funds. Your case manager will be in contact with what information is missing for the application to continue. If we do not hear from you within 14 business days, your claim may be closed.

Serious illness claims are reviewed by the Supervisor (Trustees Executors Limited). They are responsible for supervising the Fund under the Financial Markets Conduct Act 2013 and responsible for supervising Pie Funds, as manager of the Scheme. They have sole discretion to approve or deny the claim.

Please note, it can take up to 15 working days for the application to be reviewed and processed.

The custodian (Apex) is appointed by our Supervisor, to hold assets of the Fund on behalf of investors and ensure we operate within the rules set out in the KiwiSaver Act. Once your withdrawal application has been successful, the custodian will release your funds into your account by the end of the tenth working day.

If approved, you may be able to withdraw all, or part of, your money from your account if you are deemed to be suffering serious illness.

Serious illness means an injury, illness, or disability that:

- results in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training, or any combination of those things; or
- poses a serious and imminent risk of death.

Checklist

Please complete the checklist below and supply the relevant documents to support your request.

- Sections 1-4:** Complete
- Section 5:** Provide proof of identity
- Section 6:** Provide proof of address
- Section 7:** Certifying your proof of identity
- Section 8:** Confirm your New Zealand residency
- Section 9:** Read the privacy statement
- Section 10:** Complete the Statutory Declaration in front of a witness
- Section 11:** Ask your doctor to complete and attach specialist(s) or hospital reports that describe the injury, illness, or disability and provide specific detail of your condition.

Section 1: Investor details

Title	First name/s	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	IRD number	Pie KiwiSaver Scheme account number <i>(if known)</i>
<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 address	Physical address	
<input type="text"/>	<input type="text"/>	
Postal address	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home number	Work number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2: Your withdrawal options

I wish to make a withdrawal of:

The full balance of my Pie KiwiSaver Scheme account (after any fees, expenses or taxes).

A partial withdrawal of \$

Section 3: 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 adjust your withdrawal amount for any tax liability.

Account name	Name of bank	
<input type="text"/>	<input type="text"/>	
Account number		
<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"/>		
Branch address	City	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4: Proof of bank account

Please provide proof of your bank account name and number by supplying any one of the following:

- a pre-coded deposit slip
- a copy of a cheque
- a copy of a bank statement
- an over-the-counter printed receipt with a tellers stamp
- an online bank account statement with the name of the bank in the header/footer

Section 5: Proof of identity and address

One of the following:

- Passport (pages containing name, date of birth, photograph and signature)
- New Zealand driver licence (*front and back*) plus bank statement

OR

Full birth certificate, **plus one** of the following:

- Overseas driver licence (*front and back*)
- 18+ Card

Examples



Proof of Address - Please provide proof of your physical address (not a PO Box) by sending us a certified copy of an invoice, statement, letter or contract in your name, dated within the last 12 months, from one of the following sources:

- Utility providers e.g. water, electricity, gas, telecommunications
- Professional service providers e.g. lawyer, accountant
- Major service providers e.g. Sky TV, Internet provider, newspaper, insurance

* If you have changed your name since opening a Pie KiwiSaver Scheme account, you must supply proof of name change

Section 6: Certification

Your identity documents must be certified by one of the following people:

- Justice of the peace
- Registered lawyer
- Chartered accountant
- Registered teacher
- Registered medical doctor
- Police officer
- Notary public
- Member of parliament

The person certifying your documents must include their name, occupation, signature and date of certification. Certification is valid for three months and must have been carried out within three months of your application.

Section 7: Confirmation of New Zealand residency

You must complete a statutory declaration confirming whether your principal place of residence was New Zealand for the period of your KiwiSaver membership. Going overseas on a holiday, even for several months is not considered a change of principal residence, however if you lived or worked overseas and received KiwiSaver Government Contribution, we must refund that portion of the credits back to Inland Revenue.

I confirm that for the period that I have been a member of KiwiSaver, my principal place of residence was New Zealand except for the following periods:

From	To
<input type="text"/>	<input type="text"/>
From	To
<input type="text"/>	<input type="text"/>
From	To
<input type="text"/>	<input type="text"/>

My place of residence was New Zealand for the entire period I have been a member of KiwiSaver.

Section 8: Privacy statement

Any information that you provide may be used by Pie Funds Management Limited (as manager of the Pie KiwiSaver Scheme) and the Supervisor (Trustees Executors Limited) and any of their respective related entities, and by other service providers to the Scheme to provide services in relation to your request. You have the right to access the information held by us and you may also request that it be corrected. If you do not provide your information, we may not be able to process your request.

Our privacy policy is available at www.piefunds.co.nz

Section 9: Statutory declaration

A Statutory Declaration is a written statement that allows a person to declare something to be true. This page will need to be completed in front of an authorised person who will witness the declaration.

Who can witness me making the declaration?

The following people can witness you making the declaration:

- Notary Public
- Justice of the Peace
- New Zealand lawyer
- A person who has legal authority to take statutory declarations in New Zealand.

Please note that the certifier must be at least 16 years of age and cannot be related to you, your spouse or partner or a person who lives at the same address as you.

By signing below, I agree/confirm the following:

- Completed Statutory Declaration witnessed by any person, within the last three months, who is authorised to take Statutory Declarations
- I am a member of the Pie KiwiSaver Scheme.
- I am applying to the Supervisor for a withdrawal from my Pie KiwiSaver Scheme account as detailed in this application.
- I am suffering a Serious Illness as defined on page 1 of this form.
- I understand that acceptance of the application is at the discretion of the Supervisor.
- I understand that Pie KiwiSaver Scheme and/or the Supervisor may request additional information from me relating to this application.
- I confirm that I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
- I understand that if my full account balance is released to me that my Pie KiwiSaver Scheme account will be closed.
- The information given in this form, including the medical information and any attachments, is complete and true and correct. I acknowledge that the Manager, Pie Funds Management Limited, and Supervisor will rely on information provided in (or in connection with) this form and accordingly agree to indemnify each of them (jointly and severally) against any 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 make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature of applicant

Date

Declared at the following address

Name of witness

Signature of witness

Date

Section 10: Doctor's confirmation

I am a registered practitioner with the Medical Council of New Zealand. In my opinion, the person named in section 1 who is a patient of mine has:

Injury Illness Disability

Effect on person named in section 1

- Results in them 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.
- Poses a serious and imminent risk of death.

Condition

Please give a brief description of your patient's condition and describe how the injury, illness or disability meets the criteria you indicated above:

Stamp

Doctor's name

Doctor's practice

Signature

Date