



Application for withdrawal of initial KiwiSaver contribution on the grounds of significant financial hardship or serious illness

Inland Revenue can only consider your application within the first two months of receiving your first contribution. After this time contact your KiwiSaver scheme provider directly.

KiwiSaver Act 2006

 Use this form to apply for a refund of KiwiSaver contributions held by Inland Revenue if you are: experiencing serious illness, or experiencing, or likely to experience, significant financial hardship 						
Section A	General Please use	BLOCKLETTERS				
I. Your IRD number		If you don't know your IRD number or you don't have one, call us on 0800 549 472 If you have an 8 digit IRD number, leave the first box blank				
2. Your name	Mr - Mrs Put a dash in one of these spaces	Miss - Ms - Other				
First name(s) Surname						
3. Your postal address	Street number	Street address or PO Box number				
	Street number	Street address or PO box number				
	Suburb, box lobby or RD					
	Town or city	Postcode				
4. Your contact		Mobile				
5. Are you applying be	Day ecause of: - serious	illness? – Go to Section B significant financial hardship? – Go to Section C				
6. Bank account						
details	Bank Branch Name of account holder	Account number Suffix				
Section B	Serious illness					
	n injury, illness or disability	the unable to engage in work that you are suited to because of experience education				

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

For a serious illness refund:

ask your doctor to complete the doctor's declaration section of this form on page 3.

Section C Significant financial hardship

Significant financial hardship includes significant financial difficulties that arise:

- when you are:
 - unable to meet minimum living expenses
 - unable to meet mortgage repayments on your family residence, resulting in the mortgagee seeking to enforce the mortgage
- due to the cost of:
 - modifying your home to meet special needs arising from your or a dependant's disability
 - medical treatment for an illness or injury to you or your dependant
 - a funeral for your dependant
 - palliative care for a member or member's dependant.

How to apply for a significant financial hardship refund.

- Complete the "Assets and liabilities" and "Income and expenses" sections of this form on pages 4 and 5.
- Describe your situation at Questions 7 and 8 on page 6.
- Specify the amount you would like to withdraw in Question 9 on page 6.
- Complete and sign the declaration on page 6 and have it witnessed.

To stop further contributions being made

This application is to withdraw initial KiwiSaver contributions.

If you also wish to stop any further contributions being made from your salary or wages, you must apply for a **savings suspension**.

You can apply for a savings suspension within the first 12 months if you're experiencing, or likely to experience, financial hardship.

Bank account details

We need your bank account details so we can direct credit any refund to your bank account.

If we approve your application we'll send you confirmation and refund the amount we've assessed direct to your bank account.

If we don't approve your application we'll send you a letter giving the reasons.

In the meantime, we'll continue processing your KiwiSaver enrolment and your employer must continue to make deductions from your pay unless you have requested a savings suspension.

Privacy

Find our full privacy policy at ird.govt.nz/privacy

Please send this completed form to:

Inland Revenue PO Box 39090 Wellington Mail Centre Lower Hutt 5045

For more information about KiwiSaver go to ird.govt.nz/kiwisaver

Doctor's declaration of serious illness							
Patient							
Full name							
	First name(s)	Surname					
Address							
	Street address or PO Box number						
	Suburb, box lobby or RD	Town or city		Postcode			
Doctor	Subul D, DOX 1000y Of IND	lowii or city		Tostcode			
I, Dr							
of	Street address or PO Box number	T		Dantan da			
	Street address or PO Box number	Town or city		Postcode			
	Daytime	Mobile					
Email address							
certify that:							
 the above-name in my opinion, the contract of the co	d medical practitioner with the Medical Council of d is a patient of mine and I have recently given the ne above named has an injury, illness or disability (come being totally and permanently unable to engage or training, or any combination of these) or bus and imminent risk of death.	em a full medical exam delete options below e in work they are suit	that don't apply) which:	ce,			
	/	/					
Signature		Date					
5							

Weekly income (after tax)						
Salary/wages/pension/drawings	\$	•				
Part-time work	\$	•				
Spouse or partner's income	\$	•				
Self-employed income	\$	•				
Child support received	\$	•				
Working for Families Tax Credits	\$	•				
Department of Work and Income benefit/superannuation	\$	•				
Rent/board received	\$	•				
Interest/dividends	\$	•				
Other (specify)	\$	•				
	\$	•				
Total weekly income (add all amounts in the column and print total in Box A)						
Expenses Enter all expenses, including details of spouse or partner's expenses						

Expenses Little all expenses, including details of spouse of partitle s expenses							
Weekly payments							
Food/groceries	\$	•					
Rent/board/mortgage	\$	•					
Bus/train/petrol		\$	•				
Childcare/school expenses		\$	•				
Child maintenance payments		\$	•				
Other (specify)		\$	•				
		\$					
Total weekly payments (add all amounts in the	ne column and print tota	l in Box B)		B \$			
Monthly payments (to convert monthly payments to	o weekly payments, multiply by	12 and divide by 52 and	put this figure	e in the weekly column)			
	Monthly	Weekly					
Gas/electricity	\$	\$	•				
Telephone/mobile	\$	\$	-				
Clothing	\$	\$	•				
Hire purchase payments	\$	\$					
Credit cards	\$	\$					
Other (specify)	\$	\$					
Total monthly payments (add all amounts in	the weekly column and	print total in Box C)	C \$			
Annual payments (to convert annual payments to we			veekly columr	۱)			
Vehicle insurance (eg car, boat, caravan)	Annual	Weekly \$					
Vehicle registration/warrant	\$	\$					
House and contents insurance	\$	\$					
		\$					
Rates	\$		•	•			
Medical insurance/expenses	\$	\$	·				
Life insurance/superannuation	\$	\$	•				
Other (specify) \$ · \$							
Total annual payments (add all amounts in the weekly column and print total in Box D)							

Office use only Calculation: Income (Box A) less expenses (Box B + Box C = Box D) = balance



Assets (show details) Residential property (market v	\$			
Other property (market value)	Value	\$ ·		
Vehicles (eg car, boat, caravan)	Model and year		Value	\$
please include the registration number	Model and year		Value	\$
	Model and year		Value	\$
Bank accounts	Bank and branch			
Baille accounts	Account number		Balance	\$
	Bank and branch			
	Account number		Balance	\$
	Bank and branch			
	Account number		Balance	\$
Other accounts eg credit union, building society	Account type		Balance	\$
Household goods		, , , , , , , , , , , , , , , , , , ,	Value	\$
Life insurance/	Company		Surrender value	\$
superannuation policies	Company		Surrender	\$
	Company		value Surrender value	\$
Money owed	Owed to you by		Value	
Other assets	Shares		Value	\$
	Debentures		Value	
		bonds, loans, personal belongings)	Value	
Total assets (add all amounts	in the right-hand	column and print total in Box E)	E	\$
Liabilities/debts (show d	letails)			
Mortgages	Bank/institution		Value	\$
	Bank/institution		Value	\$
Loans	Bank/institution		Value	\$
	Bank/institution		Value	\$
Bank overdraft	Bank/institution		Limit	\$
	Bank/institution		Limit	
Credit cards	Type		Limit	e .
Credit cards	Туре Туре		Limit	
	.,,,,,			
Hire purchases	Item		Balance to pay	\$
	Purchase date	Finish date	Palamaa	
Hire purchases	Item		Balance to pay	\$
	Purchase date	Finish date		
Trade accounts	Account name		Value	\$
	Account name		Value	\$
	Account name		Value	\$
Other debts (eg with Dept	Name of debt		Value	\$
for Courts, Dept of Work and Income)	Name of debt		Value	
	ints in the right-ha	nd column and print total in Box F)	E	\$
\ \	inco in the right-ha	nd column and print total in box ()		Ψ

Dec	Declaration of significant financial hardship							
7.	Give the reasons you are see	king a significant finar	ncial hardship withdr	awal				
0	NA/lear element			P 24				
8.	What alternative sources of f	unding have you expi	ored and what their	ilmits are				
9.	How much money do you ne	ed? Amount	\$	· or	r all available funds -	-		
	In granting this application we We may also request further To enable a quicker refun (for example, payslips or a	financial information d of KiwiSaver ded	from you. luctions, please at			ns have been made		
l,	Full name							
of								
	Address							
	Occupation							
•	request a refund of my KiwiS confirm that I have explored verify that the completed incompleted incomplete the best of my knowledge.	reasonable alternativ	e sources of funding	and their l	limits.			
	Applicant's signature							
	on							
		Day	Month		Year			
	before me (please print)							
		Justice of the Peace, or so	licitor of the High Court	of New Zeala	and, or other person authori	sed to take statutory declarations.		
	Signature							