



# 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 three months of receiving your first contribution. After this time contact your KiwiSaver scheme provider directly.

KiwiSaver Act 2006

KS5

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							
Se	Section A General Please use BLOCKLETTERS							
ı.	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 Miss Other						
		Put a dash in one of these spaces						
	First name(s)							
	Surname							
3.	Your postal address							
		Street number Street address or PO Box number						
		Suburb, box lobby or RD						
		Town or city Postcode						
4.	Your contact							
	numbers	Day Mobile						
5.	Are you applying beca	ause of: serious illness? – Go to Section B significant financial hardship? – Go to Section C						
6.	Bank account							
	details	Bank Branch Account number Suffix						
		Name of account holder						
Se	ction B	Serious illness						

Serious illness means an injury, illness or disability

- 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**

For full details of our privacy policy go to **www.ird.govt.nz** (keyword: 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 www.kiwisaver.govt.nz

Doctor's declarat	ion 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	r.	Postcode
Doctor	Suburit, box lobby of ICD	lowir or city		ostcode
l, Dr				
of	C II. DOD	<b>T</b> :		
	Street address or PO Box number	Town or city	· · · · · · · · · · · · · · · · · · ·	Postcode
	Daytime	Mobile		
Email address				
certify that:				
<ul> <li>the above-name</li> <li>in my opinion, t</li> <li>results in th</li> <li>education o</li> <li>poses a serio</li> </ul>	d medical practitioner with the Medical Council of I and is a patient of mine and I have recently given them the above named has an injury, illness or disability (determined to the embeing totally and permanently unable to engage in training, or any combination of these) or bous and imminent risk of death.	m a full medical examelete options below the in work they are suit	at don't apply) which:	
_				
	/	/		
Signature		Date		

					_	
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						

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 th	e column and print total i	n Box B)		B \$	•		
Monthly payments (to convert monthly payments to	weekly payments, multiply by 12	and divide by 52 and pur	t this figur	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)							
Annual payments (to convert annual payments to we			kly colum	n)			
Val: -la :	Annual	Weekly	<u> </u>				
Vehicle insurance (eg car, boat, caravan)	\$	\$	i				
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	Value	\$			
Other property (market value)	Value	\$	•		
Vehicles (eg car, boat, caravan)	Value	\$			
please include the registration number	Model and year  Model and year		Value		
Humber	Model and year		Value		
				<u> </u>	
Bank accounts	Bank and branch			<b>_</b>	
	Account number		Balance	\$	i
	Bank and branch				
	Account number		Balance	\$	<u> </u>
	Bank and branch				
	Account number		Balance	\$	•
Other accounts eg credit union, building society	Account type		Balance	\$	•
Household goods			Value	i	•
Life insurance/	Company		Surrender value	\$	
superannuation policies	Company		Surrender	\$	•
	Company		Surrender value	\$	•
Money owed	Owed to you by		Value	\$	•
Other assets	Shares		Value	\$	•
	Debentures		Value	\$	•
	Other (eg bonus	bonds, loans, personal belongings)	Value	\$	•
Total assets (add all amounts	in the right-hand o	column and print total in Box E)	E	\$	•
Liabilities/debts (show d	etails)				
Mortgages	Bank/institution		Value	\$	
	Bank/institution		Value	\$	•
Loans	Bank/institution		Value	\$	•
	Bank/institution		Value	\$	•
Bank overdraft	Bank/institution		Limit	\$	
<b>24.</b> 3 (3) 3. 4.4.3	Bank/institution		Limit		
0.15					
Credit cards	Туре		Limit		•
	Туре		Limit		<u> </u>
Hire purchases	Item		Balance to pay	\$	
	Purchase date	Finish date			
Hire purchases	Item		Balance to pay	\$	
	Purchase date	Finish date			
Trade accounts	Account name		Value	\$	
	Account name		Value		+
	Account name		Value		•
Other debts (og with Desc	Name of dela				
Other debts (eg with Dept for Courts, Dept of Work	Name of debt		Value		<u> </u>
and Income)	Name of debt		Value	φ	<u>i</u>
Total liabilities (add all amou	ints in the right-ha	nd column and print total in Box F)	F	\$	•

Declaration of significant financial hardship						
7.	Give the reasons you are see	king a significant finar	ncial hardship withdi	rawal		
8.	What alternative sources of f	unding have you expl	ored and what their	limits a	re	
9.	How much money do you ne	ed? Amount	\$	•	or 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 alternative	e sources of funding	and the	eir 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 Z	ealand, or other person author	rised to take statutory declarations.
	Signature					