Anglican Financial Care
Te Maru Mihinare

Pension Fund

# Serious illness withdrawal

**Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz**

Under legislation, serious illness means an injury, illness or disability that:

- results in the member 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; or
- poses a serious and imminent risk of death.

If it is assessed you are suffering serious illness then you can withdraw all or part of your total eligible funds from your CSF Locked-in Account including the Government contributions.

## 1. Member details

Title | First name | Middle name(s)

Surname

Date of birth (D D M M Y Y Y Y)

IRD Number

Phone — Daytime (0 ) | Mobile (0 )

Postal address — Number / Street / PO Box

Suburb / City | Postcode

Email address

## 2. Withdrawal amount

**Please choose one option**

☐ All eligible funds in my Locked-in Account at the time of withdrawal.

☐ A partial withdrawal of $

or all eligible funds at the time of the withdrawal if this is a lesser amount.

## 3. Payment details

If my application is successful, please pay the withdrawal amount to my bank account as detailed below:

Name of bank account - **Please provide proof of your bank account name and number by attaching a deposit slip or bank statement**

Account details

Bank | Branch | Account (0) | Suffix

## 4. Member's statement of serious illness

Please describe the nature of your condition.

Attach any additional comments or documents which may assist with this application.

## 5. Statutory declaration

I Full name

of Address

Occupation

solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

1. I am requesting payment of funds in my CSF Locked-in Account on the basis of serious illness.
2. I understand that the Trustee, in determining whether to meet this claim:
   - » might require further information from me relating to this application; and
   - » might need to seek and obtain information that is held by any other person or organisation that the Trustee considers appropriate for the purpose of checking the information and to assist in assessing this application, and I authorise any person holding information relevant to this application to disclose it to the Trustee on request; and
   - » will use and disclose information about my serious illness for the sole purpose of assisting with the processing of this application.
3. I understand that I may not be entitled to any Government Contributions for any period that my principal place of residence was not New Zealand, and any Government Contributions claimed on my behalf during such period may be deducted from my withdrawal amount and returned to the Commissioner of Inland Revenue.

**Please choose one option (this relates to the withdrawal of Government Contributions):**

☐ during my Complying Fund Section membership period, there were no periods when my principal place of residence was not New Zealand, or

☐ during my Complying Fund Section membership period, New Zealand has been my principal place of residence except during the periods set out below (please specify):

From D D M M Y Y Y Y to D D M M Y Y Y Y

From D D M M Y Y Y Y to D D M M Y Y Y Y

and during my time living overseas I ☐ *was* ☐ *was not* working for a charitable organisation.

5. 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

Declared at this place

Date D D M M Y Y Y Y

**Signature of Witness**

Your signature must be witnessed by a Justice of the Peace, a Solicitor, a Court Registrar (or Deputy Registrar) or any other person authorised to take statutory declarations.

Before me:

Signature of witness

Printed name

Position

Official stamp

Anglican Financial Care
Te Maru Mihinare

Health practitioner form

# Serious Illness Withdrawal

**Please mail to Anglican Financial Care, PO Box 12 287, Thorndon, Wellington 6144 or email office@angfincare.nz**

## 1. Patient details

To: Trustee of The New Zealand Anglican Church Pension Fund

Re: Full name of the member _____ (the Member)

of Residential address of the member _____

Suburb / City _____ Postcode _____

## 2. Health practitioner's declaration of serious illness

I, Full name of health practitioner _____

of Address _____

Suburb / City _____ Postcode _____

Daytime or mobile phone number (0 ) _____ Email address _____

certify that:

- I am a health practitioner registered with the Medical Council of New Zealand or the Nursing Council of New Zealand and the assessment covered by this certification is within my scope of practice;
- The above-named Member is a patient of mine and I have recently given them a full medical examination.
- In my opinion, the Member has an injury, illness or disability that:

**Please choose one option**

- ☐ results in him or her being permanently unable to engage in work he or she are suited for (because of experience, education or training, or any combination of these);
- ☐ poses a serious and imminent risk of death; or
- ☐ in my opinion the Member does not meet either of the criteria above.

**Give a brief description of the patient's condition on the back of this form. Please attach any relevant supporting information or documentation.**

Signature of health practitioner _____ Date D D M M Y Y Y Y

I form this opinion based on: