Christian KiwiSaver Scheme

Significant Financial Hardship Withdrawal

Who should complete this form?

Please use this form to apply for a withdrawal from your Christian KiwiSaver Scheme account if you are suffering, or likely to suffer, from significant financial hardship.

A Significant Financial Hardship withdrawal is subject to the restrictions provided in the KiwiSaver Scheme Rules of the KiwiSaver Act 2006. The Trustee:

- must be satisfied that reasonable alternative sources of funding have been exhausted; and
- may limit the withdrawal to a specified amount that, in their opinion, is required to alleviate the particular hardship you are suffering.

How much can I apply to withdraw?

You can apply to withdraw funds from your KiwiSaver account, except Government contributions and the kick-start. We will determine the amount you can access based on your situation. Withdrawals are not guaranteed to be approved.

You may apply for a significant financial hardship withdrawal:

If you cannot pay:

- For minimum living expenses such as food, accommodation, transport, power, water or gas; or
- The mortgage on your family residence and the lender is enforcing the mortgage; or
- The cost of modifying your home to meet special needs if you, or a dependant, become disabled; or
- The cost of medical treatment for an illness or injury to you or a dependant; or
- The cost of palliative care for a dependant, should they become terminally ill; or
- The costs of a funeral for a dependant.

You cannot claim for such things as:

- Credit card debt or hire purchase payments for non-essential living expenses; or
- Mortgage payments for investment properties; or
- Court fines or infringement notices; or
- Outstanding payments to Inland Revenue or WINZ etc; or
- Holidays or travel.

Additional information relevant to your application

You must supply supporting documentation with your application. This includes but is not limited to bank statements, demands for payment, proof of assistance sought and declined from other places etc.

We have provided a checklist at the back of the application to help. The application process can be delayed if we must request additional information from you.

If you require help completing this application please ring us on 0508 738 473 or contact us by email admin@angfincare.nz.

Christian KiwiSaver Scheme

Significant Financial Hardship

Please email your application to admin@angfincare.nz
or post to Freepost 211044, Christian KiwiSaver Scheme, PO Box 12 287, Thorndon, Wellington 6144

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 / Cellular: (0)

Email address

Postal address — Number / Street / PO Box

Suburb / City

Postcode

2. Household details

Please list your parter / dependants

Name	Age	Relationship to you	Are they employed?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

3. Reason for applying

Have you tried any other ways to get financial assistance? For example, approached your bank, WINZ or other services? You will need to provide evidence you have investigated other options before trying to access your KiwiSaver funds. Evidence can be in the form of a letter acknowledging you have applied and been declined. If you have not applied, please explain why?

4. What is your total weekly household income?

In this section, you need to tell us about the money you and your household receive each week. The more information we have, the better we will be able to assess your individual circumstances. If we need to ask you for more information it will delay the processing of your application.

You:		**Your partner:**	
Salary / wages	$	Salary / wages	$
Commission	$	Commission	$
Self-employed income	$	Self-employed income	$
Pension / superannuation	$	Pension / superannuation	$
Benefit	$	Benefit	$
Child support	$	Child support	$
ACC	$	ACC	$
Rental / board income	$	Rental / board income	$
Interest / dividends	$	Interest / dividends	$
Other	$	Other	$
Total for you:	$	**Total for your partner:**	$

IMPORTANT — remember to include evidence of your income (your most recent two pay slips), bank statements for all accounts for the last three months (yours and your partner's) with your application. We'll also need to see that you've been to your bank and WINZ for assistance. Any information missing from your application will cause delays.

ALL SECTIONS MUST BE COMPLETED

5. What assets / savings do you have?

In this section, you need to tell us about the things you and your household own, and their current value.

Family home	$	Investment property	$
Vehicles (including boats)	$	Household contents (value)	$
Bank accounts	$	Shares	$
Term deposits	$	Superannuation / KiwiSaver	$
Holiday home	$	Other	$

6. What is your total weekly household expenditure?

In this section, you need to tell us about the money you and your household **spend** each week. The more information we have, the better we will be able to assess your circumstances. Evidence of these expenses should be in your bank statements.

Mortgage / rent / board	$	Car maintenance	$
Land rates	$	Church tithing	$
Water bill	$	Children's education	$
Electricity bill	$	Child maintenance	$
Gas bill	$	Child care	$
Internet bill	$	Credit card 1	$
Phone bill	$	Credit card 2	$
Home maintenance	$	Store card 1	$
Streaming services / Sky	$	Store card 2	$
Food / groceries / takeaways	$	Personal loan 1	$
Doctor / dentist / optician	$	Personal loan 2	$
Pharmacy / medication	$	Hire purchase payment 1	$
House / contents insurance	$	Hire purchase payment 2	$
Life insurance	$	Finance company 1	$
Medical insurance	$	Finance company 2	$
Vehicle / boat insurance	$	Bank overdraft 1	$
Petrol / road user charges	$	Bank overdraft 2	$
Public transport	$	Other	$
Registration / WOF	$	Other	$

ALL SECTIONS MUST BE COMPLETED

7. What arrears do you have?

In this section, you need to tell us about the debts you and your household have.

Mortgage / rent / board	$	House / contents insurance	$
Land rates	$	Life insurance	$
Water bill	$	Medical insurance	$
Electricity bill	$	Vehicle / boat insurance	$
Gas bill	$	Petrol / road user charges	$
Internet bill	$	Car maintenance	$
Phone bill	$	Children's education	$
Doctor / dentist / optician	$	Child care	$
Pharmacy / medication	$	Other	$

You and your partner's other overdue payments e.g. credit cards, loans, finance company, hire purchase etc:

Owed to:	What for:	Total of missed payments:
For example: VISA Card	Dentist treatment	$
For example: Farmers Card	Refrigerator	$
		$
		$
		$
		$
		$
		$
		$

IMPORTANT — You must supply three months of statements to confirm the arrears. We must be able to see what the debt was for originally on these statements. For example a store card just showing an overdue balance will not suffice. We must be able to see the original charges that led to the overdue balance.

8. Bankruptcy declaration

Have you ever been declared bankrupt or entered in No Asset Proceedings? ☐ Yes ☐ No

If yes, please provide dates and the Official Assignee reference / case number.

ALL SECTIONS MUST BE COMPLETED

9. Withdrawal amount

Please choose one option

☐ All eligible funds in my KiwiSaver 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.

10. Payment details

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

Name of bank account

Account details

Bank	Branch	Account	Suffix
		0	

Please provide proof of your bank account (one of the following)

- Bank statement
- Internet banking screen shot
- Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

11. 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 agree** that the information provided on this form be given to the Trustee in order to assess my eligibility for withdrawal. **I understand** the information will be confidentially retained by the Trustee but will only be used for administration and statistical purposes;

2. **I understand** that if my application is approved, the Trustee may limit the amount that I am able to withdraw to an amount that in its opinion is required to alleviate my financial hardship;

3. **I understand** that the Kickstart Contribution and the Government Contribution amount cannot be withdrawn;

4. I have not withheld any information on my financial position that may affect the Trustee's decision on this application. **I authorise** the Trustee or their agent to make such enquiries as they deem necessary in order to verify the details set out in my application;

5. I consider myself to be suffering significant financial hardship and have explored and exhausted all reasonable alternative sources of funding.

6. **I consent** to the Trustee using the personal information that I have provided to electronically verify my identity, my address and whether I am a politically exposed person and where necessary disclosing the information to external and independent agencies for the purpose of matching my information with identification information held in third party databases including but not limited to the Department of Internal Affairs, the New Zealand Transport Authority, White Pages, Land Information New Zealand, Centrix and the Dow Jones Watchlist.

7. While I have been a KiwiSaver member:

Please choose one option

☐ I have had my principal place of residence in New Zealand for the entire period that I have been a member of KiwiSaver.

☐ I have had my principal place of residence in New Zealand for the entire period that I have been a member of KiwiSaver, with the exception of the following periods, during which I lived overseas.

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.

8. 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 Place this Day day of Month & year

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

Christian KiwiSaver Scheme

Checklist

Please use the checklist provided to ensure you have included all of the required documents with your application. If anything is missing we will contact you and ask you for the information. This will add time to the processing of your application.

Not all of the below will apply to you. Tick the appropriate sections.

- ☐ Provide bank statements for all accounts belonging to you and your partner from the current date for the last 90 days.
- ☐ Provide your latest full credit card statement that shows your name/partner's name, transactions, total amount owing and minimum payment due.
- ☐ Complete the Statutory Declaration in Section 11.
- ☐ **Income details**

  If employed, provide your last two payslips (your spouse or partner must also provide this information if they are working); or

  - A copy of a letter from your employer if your hours have been reduced; or
  - A redundancy notice.

  OR

  If you are not employed, a letter from WINZ:

  - A letter advising the breakdown of any benefit amount paid to you.
- ☐ Provide a letter from a lending institution, who have declined a request from you for a financial loan or a letter from WINZ declining your request financial assistance.
- ☐ Provide proof for all overdue bills as requested in section 7.
- ☐ If you have a current payment plan in place for a debt, please provide evidence.
- ☐ Provide:

  - A copy of your rental agreement and/or a rent arrears letter;

    OR
  - A mortgage arrears letter and the past three months mortgage transaction statements;

    OR
  - A letter from the home owner you are boarding with stating the amount of board you pay weekly and/or if you are in arrears. Their contact details should be included.
- ☐ **If applicable**

  Two quotes for a car valued under $10,000 and an explanation as to why the car is necessary.

  OR

  Two quotes from different companies for any necessary home modifications required to meet special needs arising from a disability for yourself, your partner or a dependant living with you.

  OR

  A medical report and quote or invoice for any necessary medical treatment.

We are required to verify the identity and residential address of all of our members. We might require you to provide documents to meet this obligation. We will let you know what we need if this is required at the time you submit your application. No money will be paid to you if this condition is not met.