

Serious Illness Withdrawal

Please mail to Anglican Financial Care, PO Box 12 27, Thorndon, Wellington 1 or email office@angfincare.n

1. Patient details

To: Trustee of The New Zealand Anglican Church Pension Fund

Full name of the member
 Re: (the Member)

Residential address of the member
 of

Suburb / City Postcode

2. Health practitioner's declaration of serious illness

Full name of health practitioner
 I,

Address
 of

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

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I form this opinion based on: