

Application for Withdrawal – Significant Financial Hardship

Use this form to apply for a withdrawal from your KiwiSaver account if you are experiencing, or likely to experience, Significant Financial Hardship. We will also require you to complete an AML Identity Verification form which is available by calling 0800 223 4636 or emailing bcfkiwisaver@mjlw.co.nz

Section A Introduction

In order for the Trustee to approve a payment, they must be reasonably satisfied that you are suffering or likely to suffer 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 you or a dependant's disability
 - medical treatment for an illness or injury to you or your dependant
 - a funeral for your dependant
 - personal care for you or a dependant of yours

How to apply for a Significant Financial Hardship refund:

- Complete all sections of this form
- Complete and sign the declaration on page 6 and have it witnessed
- Attach all required documentation
- Return to the address below

BCF KiwiSaver Scheme, C/- MJW, PO Box 11330, Wellington 6142

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 4636).

Please note:

- Further information may be requested after the Trustee has reviewed your application
- If your application is approved, the maximum amount that can be withdrawn does not include any Member Tax Credits or Crown contribution

Section B Your Personal Details

1. Your IRD Number <input type="text"/>	2. Your Member Number <input type="text"/>
3. Your name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other _____	
First Name(s) _____	Surname _____
Spouse/Partner Name _____	
Is your Spouse/Partner in paid employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
4. Your Postal Address	
Street Address/ PO Box _____	5. Date of birth _____
Suburb or RD _____	6. Occupation _____
Town or City _____	7. Contact phone no _____
Postcode <input type="text"/>	
8. Email address <input type="text"/>	

Section B Your Personal Details (continued)

9. Home Ownership Status ☐ Rent ☐ Board ☐ Own Home
☐ Other (please specify) _____
10. Dependants
- | Name | Age | Nature of Relationship |
|-------|-------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
11. Have any of your personal details changed? ☐ Yes ☐ No

Section C Assets Enter all business and private assets including those of your spouse/partner**ASSETS (show details)**

Residential Property (market value) Address: _____ Value \$ _____

Other Property (market value) Address: _____ Value \$ _____

Vehicles (eg car, boat, Model and Year _____ Registration No. _____ Value \$ _____
caravan - please include
the registration no.)

Model and Year _____ Registration No. _____ Value \$ _____

Model and Year _____ Registration No. _____ Value \$ _____

Bank Accounts

Bank and Branch _____

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Balance \$ _____

Bank Branch Account Number Suffix

Bank and Branch _____

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Balance \$ _____

Bank Branch Account Number Suffix

Bank and Branch _____

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Balance \$ _____

Bank Branch Account Number Suffix

Other Accounts

(eg credit union,
building society)

Account Type _____ Balance \$ _____

Household Goods

Value \$ _____

**Life Insurance/
Superannuation
Policies**

Company _____ Surrender Value \$ _____

Company _____ Surrender Value \$ _____

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 columns and print total in Box C)

C \$ _____

The information in this form is being collected for the purposes of effectively managing your BCF KiwiSaver Scheme account and it will be held by MJW. It may be disclosed to third parties to the extent that is necessary to administer your withdrawal from the BCF KiwiSaver Scheme. You can ask to see the personal information that MJW holds about you by calling us on 0800 223 4636.

Section C Liabilities *Enter all business and private liabilities including those of your spouse/partner*

LIABILITIES/DEBTS (show details)		Amount owing	Overdue amount
Mortgages	Bank/Institution _____	\$ _____	\$ _____
	Other Properties _____	\$ _____	\$ _____
Bank Overdraft	Bank/Institution _____	\$ _____	\$ _____
	Bank/Institution _____	\$ _____	\$ _____
Loans	Bank/Institution _____	\$ _____	\$ _____
	Bank/Institution _____	\$ _____	\$ _____
Credit Cards	Type _____	\$ _____	\$ _____
	Type _____	\$ _____	\$ _____
Hire Purchases	Item _____	\$ _____	\$ _____
	Date Purchased ____ / ____ / ____ Finish Date ____ / ____ / ____	\$ _____	\$ _____
Trade Accounts	Account Name _____	\$ _____	\$ _____
	Account Name _____	\$ _____	\$ _____
Other debts (eg Phone, Power, debts with Dept. for Courts, Dept. of Work and Income)	Name of Debt _____	\$ _____	\$ _____
	Name of Debt _____	\$ _____	\$ _____
	Name of Debt _____	\$ _____	\$ _____
	Name of Debt _____	\$ _____	\$ _____

Total Liabilities (add all amounts in the right hand columns and print total in Box D)

D \$ _____

Section C Income *Enter all income, including details of spouse/partner's income*

WEEKLY INCOME (after tax)

Salary/Wages/Pension/Drawings	\$ _____	Attach copy of last 3 payslips
Part-time Work	\$ _____	Attach copy of last 3 payslips
Spouse/Partner's Income	\$ _____	Attach copy of last 3 payslips
Self-employed Income	\$ _____	
Child Support Received	\$ _____	
Working for Families Tax Credits*	\$ _____	*Previously know as Family Assistance
Department of Work and Income Benefit/Superannuation	\$ _____	Attach copy of letter from WINZ
Rent/Board Received	\$ _____	
Interests/Dividends	\$ _____	
Other (specify) _____	\$ _____	
	\$ _____	

Total Weekly Income (add all amounts in the column and print total in Box A)

A \$ _____

If spouse has recently lost their job, state former income

\$ _____

per week

If spouse has recently lost their job, please provide date when
employment ceased

____ / ____ / ____

Section C **Expenses** *Enter all expenses, including details of spouse/partner's expenses*

	Amount per week	
Food/Groceries	\$ <input type="text"/>	
Rent/Board/Mortgage	\$ <input type="text"/>	Attach copy of rental agreement
Bus/Train/Petrol	\$ <input type="text"/>	
Child care/School Expenses	\$ <input type="text"/>	
Child Maintenance Payments	\$ <input type="text"/>	Attach child support letter from Inland Revenue
Gas/Electricity	\$ <input type="text"/>	
Telephone/Mobile	\$ <input type="text"/>	
Clothing	\$ <input type="text"/>	

Loans, hire purchase and credit card payments (attach copies of current statement)

Company name	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
Other (specify)	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

The following items should be shown as a weekly payment. Where you know an annual amount divide by 52 to convert to a weekly payment

	Amount per week
Vehicle Insurance (<i>eg. car, boat caravan</i>)	\$ <input type="text"/>
Vehicle Registration/Warrant	\$ <input type="text"/>
House and Contents Insurance	\$ <input type="text"/>
Rates	\$ <input type="text"/>
Medical Insurance/Expenses	\$ <input type="text"/>
Life Insurance/Superannuation	\$ <input type="text"/>
Other (specify) <input type="text"/>	\$ <input type="text"/>

Total Weekly Payments (add all amounts in the weekly column and print total in Box B)

B \$

Office use only - Calculation: Income (Box A) less Expenses (Box B) = balance

\$

Section D Declaration of Significant Financial Hardship

12. Has your landlord threatened to evict you? ☐ Yes ☐ No ☐ Not Applicable

Has your mortgagor threatened to foreclose on your mortgage? ☐ Yes ☐ No ☐ Not Applicable

If you answered "yes" to any of these questions, please attach proof, i.e. Bank or Landlord letter.

Give the reasons you are seeking a *significant financial hardship* withdrawal

13. Outline in detail how you would spend any approved withdrawal

Creditor name

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

14. How much money do you need?

\$ _____

15. Have you sought independent advice from a budget advisor e.g., Citizens Advice Bureau? ☐ Yes ☐ No

Have you approached your bank to refinance? ☐ Yes ☐ No

Have you approached WINZ for assistance? ☐ Yes ☐ No

If you answered "yes" to any of these questions, please attach proof, i.e. letter of response from institution

What alternative sources of funding have you explored and how much will this provide?

16. If your application is approved, which bank account would you like payment to be made into?

Bank Account Name _____

Bank Account Number

Have you transferred money from a UK Pension Scheme after 5 April 2006?

☐ No ☐ Yes – please contact us for information. An extra withdrawal form is required.

Section E Member Declaration

I, _____
Full name

of _____

Address

Occupation

- request a withdrawal from my KiwiSaver account under the provisions of Significant Financial Hardship
- confirm that I have explored and exhausted reasonable alternative sources of funding and their limits
- verify that the completed income, expenditure and statement of financial position documents attached are true and correct to the best of my knowledge

Further, I understand that the Trustee, in determining whether to meet this claim:

- might require further information from me relating to this application
- 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 in 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
- may limit the amount that is paid to an amount that in its opinion is required to alleviate my financial hardship, which may be less than the amount I am applying for
- will use and disclose information about my hardship and financial information for the sole purpose of assisting with the processing of this and any other financial hardship application I may make.

and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature _____
Your signature

Declared at _____
Location

_____ day of _____ 20 ____
Date

Signature _____
Justice of the Peace, Solicitor, or other person authorised to take a statutory declaration

Declaration taker's details/stamp

Checklist

I have

- ☐ Completed all sections of the form
- ☐ Had Section E duly authorised

I have attached for
myself and my
spouse/partner

- ☐ Copies of payslips (3) or proof of income (e.g., WINZ letter)
- ☐ Copies of bank account statements (last 3 months)
- ☐ Copy of residential rent agreement
- ☐ Copy of overdue accounts and loans
- ☐ Copy of credit card statements
- ☐ Copy of photo ID (e.g., driver licence, passport)
- ☐ Completed AML form

Please return the completed form and documentation to:

BCF KiwiSaver Scheme, C/- MJW, PO Box 11330, Wellington 6142

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 4636).