BCF
Your Workplace Retirement Scheme

KiwiSaver
Poua he Oranga
KiwiSaver Act 2006

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@mjw.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; or
  - unable to meet mortgage repayments on your family residence, resulting in the mortgagee seeking to enforce the mortgage; or
- the cost of:
  - modifying your home to meet special needs arising from you or a dependant's disability; or
  - medical treatment for an illness or injury to you or your dependant; or
  - a funeral for your dependant; or
  - personal care for you or a dependant of yours; or
  - the member suffering from a serious illness

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 1096, Wellington 6140

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- If your application is approved, the maximum amount that can be withdrawn does not include any Member Tax Credits or Crown contribution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 ☐☐☐ ☐☐☐ ☐☐☐
2. Your Member Number ☐☐☐☐☐☐
3. Your name ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ____________

   First Name(s) ____________ Surname ____________

   Spouse/Partner Name ____________

   Is your Spouse/Partner in paid employment? ☐ Yes ☐ No ☐ Not Applicable
4. Your Postal Address

   Street Address/ PO Box ____________

   Suburb or RD ____________

   Town or City ____________

   Postcode ☐☐☐☐
5. Date of birth ____________
6. Occupation ____________
7. Contact phone no ____________
8. Email address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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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, caravan - please include the registration no.)*
Model and Year _____ *Registration No.* _____ *Value* $
Model and Year _____ *Registration No.* _____ *Value* $
Model and Year _____ *Registration No.* _____ *Value* $

Bank Accounts
Bank and Branch _____
Account Number ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐ *Balance* $
Bank *Branch* *Account Number* *Suffix*

Bank and Branch _____
Account Number ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐ *Balance* $
Bank *Branch* *Account Number* *Suffix*

Bank and Branch _____
Account Number ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐ *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	$	
Rent/Board/Mortgage	$	*Attach copy of rental agreement*
Bus/Train/Petrol	$	
Child care/School Expenses	$	
Child Maintenance Payments	$	*Attach child support letter from Inland Revenue*
Gas/Electricity	$	
Telephone/Mobile	$	
Clothing	$	

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

Company name _____	$	
_____	$	
_____	$	
_____	$	
_____	$	
Other (specify) _____	$	
_____	$	
_____	$	
_____	$	

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 *(eg. car, boat caravan)*	$
Vehicle Registration/Warrant	$
House and Contents Insurance	$
Rates	$
Medical Insurance/Expenses	$
Life Insurance/Superannuation	$
Other (specify) _____	$

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 _____ _____ day of _____ 20 _____
Location *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:
Post: BCF KiwiSaver Scheme, C/- MJW, PO Box 1096, Wellington 6140
Or Courier: BCF Kiwisaver, C/- Melville Jessup Weaver, Kiwi Wealth House, Level 7, 20 Ballance Street, Wellington 6011

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