



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 223 463 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 on page 6

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 463).

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- If your application is approved, the maximum amount that can be withdrawn does not include any Member Tax Credits or Crown contribution

Se	ction B	Your Personal Details	
1.	Your IRD Num	nber	2. Your Member Number
3.	Your name	Mr Mrs Miss M	s Other
	First Name(s)		Surname
	Spouse/Partne	er Name	
	Is your Spouse	e/Partner in paid employment? Yes	No Not Applicable
4.	Your Postal Ac	ddress	
	Street Address PO Box		5. Date of birth
	PO DOX		6. Occupation
	Suburb or RD		
	Town or City		7. Contact phone no
	Postcode		
8.	Email address		

Section B You	ur Personal Det	ails (continued)			
9. Home Ownership	Status	Rent Board Own Home			
		Other (please specify)			
10. Dependants Na	me	Age Nature of Relationship			
11. Have any of your	personal details cl	anged? Yes No			
Section C Ass	sets Enter all	business and private assets including those of your spouse/pai	tner		
ASSETS (show details)					
Residential Proper	ty (market value)	Address: Value	\$		
Other Property (m	narket value)	Address: Value	\$		
Vehicles (eg car, boat	, Model and Year _	Registration No Value	\$		
caravan - please include the registration no.)		Registration No Value	\$		
	Model and Year _	Registration No Value	\$		
Bank Accounts	Bank and Branch				
	Account Number	Bank Branch Account Number Suffix	\$		
	Bank and Branch				
	Account Number	Bank Branch Account Number Suffix	\$		
	Bank and Branch				
	Account Number	Balance	\$		
Other Accounts (eg credit union,		Bank Branch Account Number Suffix Balance	\$		
building society)	Account Type	bulance			
Household Goods	i	Value	\$		
Life Insurance/	Company	Surrender Value	\$		
Superannuation Policies	Company	SurrenderValue	\$		
	Company	SurrenderValue	\$		
Money Owed	Owed to you by _	Value	\$		
Other Assets	Shares	Value	\$		
	Debentures	Value	\$		
	Other (eg. bonus b	onds, loans, personal belongings) Value	\$		
Total Assets (add all amounts in the right hand columns and print total in Box C)					
The information in this fo	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	d to third parties to th	e extent that is necessary to administer your withdrawal from the BCF Kiwi at MJW holds about you by calling us on 0800 223 4636.	Saver Scheme.		

Section C Liab	bilities Enter all business and private lid	abilities including those o	f vour spouse/par	tnor	
		ibilities including those of	Amount owing	Overdue amount	
LIABILITIES/DEBTS (sho	ow details)		\$	\$	
Mortgages	Bank/Institution				
	Other Properties		\$	\$	
Bank Overdraft	Bank/Institution		\$	\$	
	Bank/Institution		\$	\$	
Loans	Bank/Institution		\$	\$	
	Bank/Institution		\$	\$	
Credit Cards	Туре		\$	\$	
	Туре		\$	\$	
Hire Purchases	Item		\$	\$	
	Date Purchased/ / Finish D	Date/ /	\$	\$	
Trade Accounts	Account Name		\$	\$	
	Account Name		\$	\$	
Other debts (eg	Name of Debt		\$	\$	
Phone, Power, debts with Dept. for Courts, Dept. of Work and	Name of Debt		\$	\$	
Income)	Name of Debt		\$	\$	
	Name of Debt		\$	\$	
Total Liabilities (add Section C Inco WEEKLY INCOME (after Salary/Wages/Pens	r tax)	•	D \$	last 3 payslips	
Part-time Work	, 2go	\$	Attach copy of	last 3 payslips	
Spouse/Partner's In	icome	\$	Attach copy of	last 3 payslips	
-	Self-employed Income Child Support Received Working for Families Tax Credits* Department of Work and Income Benefit/Superannuation Rent/Board Received Interests/Dividends				
			*Previously kno	ow as Family Assistance	
_			Attach copy of	Attach copy of letter from WINZ	
-					
Other (specify)		\$			
_		\$			
Total Weekly Incom	ne (add all amounts in the column and print	total in Box A)	A \$		
lf spouse has recen	tly lost their job, state former income	\$	per week		
·	tly lost their job, please provide date when	/ /			

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 (a	attach copies of current stater	nent)
Company name	\$	
	\$	
	\$	
	\$	
	\$	
Other (specify)	\$	
	\$	
	\$	
	\$	
e following items should be shown as a weekly paym eekly payment	ent. Where you know an annua Amount per week	al amount divide by 52 to convert t
Vehicle Insurance (as any heat ensure)	\$	
Vehicle Insurance (eg. car, boat caravan)	\$	
Vehicle Registration/Warrant House and Contents Insurance	\$	
	\$	
Rates	\$	
Medical Insurance/Expenses	\$	
Life Insurance/Superannuation Other (specify)	\$	
Other (specify)		
Total Weekly Payments (add all amounts in the week	kly column and print total in Bc	ых В) В\$

n				
ρ				
Yes No	Not Applicable			
Yes No	Not Applicable			
oof, i.e. Bank or Landlord I	etter.			
Give the reasons you are seeking a significant financial hardship withdrawal				
\$				
\$				
\$				
\$				
\$				
\$				
\$				
Citizens Advice Bureau?	Yes No			
	Yes No			
	Yes No			
oof, i.e. letter of response f	from institution			
nuch will this provide?				
ke navment te he made in	to?			
ke payment to be made in	10?			
5 April 2006?				
	Yes No pof, i.e. Bank or Landlord I ithdrawal \$			

(
Se	ection 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 oth	er person authorised to take a statutory declard	ation Declaration taker's a	letails/stamp
Checklist			
l have	 Completed all sections of the Had Section E duly authorised 		
l have attached for myself and my spouse/partner	 Copies of payslips (3) or proof Copies of bank account stater Copy of residential rent agrees Copy of overdue accounts and Copy of credit card statement Copy of photo ID (e.g., driver Completed AML form 	nents (last 3 months) ment d loans s	etter)
Please return the completed form and Post: BCF KiwiSaver Scheme, C/- MJW Or Courier: BCF Kiwisaver, C/- Melville	/, PO Box 1096, Wellington 6140	e, Level 7, 20 Ballance St	reet, Wellington 6011
If you have any questions about comp	pleting this form, please call 0800 B	CF INFO (0800 223 463).