

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 _____	\$ <input type="text"/>	\$ <input type="text"/>
	Other Properties _____	\$ <input type="text"/>	\$ <input type="text"/>
Bank Overdraft	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
Loans	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
	Bank/Institution _____	\$ <input type="text"/>	\$ <input type="text"/>
Credit Cards	Type _____	\$ <input type="text"/>	\$ <input type="text"/>
	Type _____	\$ <input type="text"/>	\$ <input type="text"/>
Hire Purchases	Item _____	\$ <input type="text"/>	\$ <input type="text"/>
	Date Purchased ____/____/____ Finish Date ____/____/____	\$ <input type="text"/>	\$ <input type="text"/>
Trade Accounts	Account Name _____	\$ <input type="text"/>	\$ <input type="text"/>
	Account Name _____	\$ <input type="text"/>	\$ <input type="text"/>
Other debts (eg Phone, Power, debts with Dept. for Courts, Dept. of Work and Income)	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
	Name of Debt _____	\$ <input type="text"/>	\$ <input type="text"/>
Total Liabilities (add all amounts in the right hand columns and print total in Box D)		D	\$ <input type="text"/>

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

WEEKLY INCOME (after tax)		
Salary/Wages/Pension/Drawings	\$ <input type="text"/>	Attach copy of last 3 payslips
Part-time Work	\$ <input type="text"/>	Attach copy of last 3 payslips
Spouse/Partner's Income	\$ <input type="text"/>	Attach copy of last 3 payslips
Self-employed Income	\$ <input type="text"/>	
Child Support Received	\$ <input type="text"/>	
Working for Families Tax Credits*	\$ <input type="text"/>	*Previously know as Family Assistance
Department of Work and Income Benefit/Superannuation	\$ <input type="text"/>	Attach copy of letter from WINZ
Rent/Board Received	\$ <input type="text"/>	
Interests/Dividends	\$ <input type="text"/>	
Other (specify) _____	\$ <input type="text"/>	
_____	\$ <input type="text"/>	
Total Weekly Income (add all amounts in the column and print total in Box A)		A \$ <input type="text"/>
If spouse has recently lost their job, state former income	\$ <input type="text"/>	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

	<i>Amount per week</i>	
Food/Groceries	\$ <input type="text"/>	
Rent/Board/Mortgage	\$ <input type="text"/>	<i>Attach copy of rental agreement</i>
Bus/Train/Petrol	\$ <input type="text"/>	
Child care/School Expenses	\$ <input type="text"/>	
Child Maintenance Payments	\$ <input type="text"/>	<i>Attach child support letter from Inland Revenue</i>
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"/>
Other (specify)	\$ <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

	<i>Amount per week</i>	
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"/>	
Total Weekly Payments (add all amounts in the weekly column and print total in Box B)		B \$ <input type="text"/>

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

\$

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 | <input type="checkbox"/> Completed all sections of the form |
| | <input type="checkbox"/> Had Section E duly authorised |
| I have attached for myself and my spouse/partner | <input type="checkbox"/> Copies of payslips (3) or proof of income (e.g., WINZ letter) |
| | <input type="checkbox"/> Copies of bank account statements (last 3 months) |
| | <input type="checkbox"/> Copy of residential rent agreement |
| | <input type="checkbox"/> Copy of overdue accounts and loans |
| | <input type="checkbox"/> Copy of credit card statements |
| | <input type="checkbox"/> Copy of photo ID (e.g., driver licence, passport) |
| | <input type="checkbox"/> 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

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