

INVESTNOW KIWISAVER SCHEME

SERIOUS ILLNESS WITHDRAWAL FORM

Use this form to apply for a withdrawal from your KiwiSaver account if you are suffering a serious illness. Serious illness is defined in section 12(3) of the KiwiSaver Act as meaning an injury, illness or disability that results in:

- the member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, or training, or any combination of those things, or
- that poses a serious and imminent risk of death.

This application will be assessed by the scheme supervisor (Public Trust).

1: Your Details

InvestNow Investor Number:	_____
IRD Number:	_____
Title:	Mr / Mrs / Miss / Ms / Dr / Other
First and Middle Names:	_____
Surname:	_____
Date of Birth:	_____
Gender:	Male / Female / Prefer Not To Say
Phone Number:	_____
Residential Address (not a PO box)	
Number:	_____
Street:	_____
Suburb:	_____
City/Town:	_____
Post Code:	_____
Country:	_____
Postal Address (if different from residential)	_____

2. Documents required:

- A certified copy of your current passport and evidence of your address within the last 12 months (bank statement, utility bill, or government correspondence); **or**
- A certified copy of your current New Zealand driver's licence, and
 - a certified copy of your bank statement, or
 - a certified copy of an IRD statement, or
 - a certified copy of your birth certificate and proof of your address within the last 12 months, or
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- or a certified copy of your citizenship certificate and proof of your address within the last 12 months, or
- a certified copy of your SuperGold card and proof of your address within the last 12 months.
- A bank statement for a New Zealand bank account where the funds will be paid to.
- Supporting evidence from your Doctor, confirming why you are unable to work.

3. Where would you like your withdrawal amount to be paid?

The withdrawal MUST be paid to a New Zealand bank account

Name of Bank _____
 Bank Account Name: _____
 Bank Account Number _____

Please provide a copy of your deposit clip or a copy of your bank statement showing your name and bank account number.

4. How much do you need to withdraw? (Please pick ONE of the options below)

- All available funds.
- Or specified amount: _____

The manager will adjust your withdrawal amount for any tax liability and expenses, including any transaction fees, arising because of the withdrawal request. Please refer to the Product Disclosure Statement for further information on costs and fees that may apply.

5. Residency Overseas:

To ensure that the correct Government Contribution payments have been made to your account, please tick the statement that applies and if relevant, provide any periods you have lived outside of New Zealand since you have joined KiwiSaver

- During my KiwiSaver membership, my principal place of residence was New Zealand
- During my KiwiSaver membership, there were periods where my Principal place of residence was not New Zealand (Travel/Holiday Periods not required). These periods were:

Departed from New Zealand	Returned to New Zealand
_____	_____
_____	_____
_____	_____
_____	_____

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6. Doctor's declaration of serious illness (complete all fields):

Patient Details:

First and Middle Names: _____

Surname: _____

Phone Number: _____

Residential Address (not a PO box)

Number: _____

Street: _____

Suburb: _____

City/Town: _____

Doctor:

I, Doctor: _____

Of (address): _____

Phone: _____

Email: _____

Certify that:

I am a registered medical practitioner with the Medical Council of New Zealand

The above named is a patient of mine and was seen by me on _____

In my opinion the above-named individual has an injury, illness, or disability which:

Results in them being totally and permanently unable to engage in work they are suited for (because of experience, or training, or a combination of both)

OR

Poses a serious and imminent risk of death.

I form this opinion based on (please give a detailed description and attach any supporting evidence):

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Please note the supervisor of the InvestNow KiwiSaver Scheme, Public Trust may wish to seek further medical evidence from you or another party to consider the member's application.

Signature of Doctor: _____
Date: _____

7. Work Details:

On _____ I was diagnosed with/suffered from (nature of injury or disability)

as evidenced by the attached Doctor's declaration below and the supporting evidence. As a result of my illness/injury/disability, I am totally and permanently unable to engage in any work for which I am suited by reason of experience, education or training.

I stopped working on _____

8. Privacy Statement

This Privacy Statement relates to the personal information you are providing to InvestNow Saving and Investment Service Limited (InvestNow) by way of this form and any personal information you have previously provided to InvestNow or may subsequently provide to InvestNow. InvestNow is required to collect the information from you in this form to meet the statutory obligations outlined in the KiwiSaver Act 2026 in relation to KiwiSaver withdrawals. InvestNow's collection, use, storage and disclosure of your personal information is subject to the Privacy Act 2020. InvestNow will only disclose your personal information to other parties in accordance with applicable law and regulation. These other parties may include the Fund Manager, the Supervisor, the Registry Provider, the Fund Administrator or the Custodian of the InvestNow KiwiSaver Scheme. The names and contact details of these other parties is included in the Product Disclosure Statement of the InvestNow KiwiSaver Scheme which can be viewed here (<https://investnow.co.nz/kiwisaver-disclosure-material/>). InvestNow may also share your personal information with any member of the Apex Group (of which InvestNow is an affiliated entity) where InvestNow deems it necessary to perform the services agreed in the Client Services Agreement. In some cases, the parties receiving your personal information may be outside New Zealand. Before any cross-border transfer of your personal information, InvestNow will ensure that adequate safeguards are in place. InvestNow will provide you (on request) with the name and address of any entity to which it has disclosed your personal information. You have the right to access all personal information held about you by InvestNow. If any of the information is incorrect, you have the right to request to have it corrected. You also have the right to complain to InvestNow or the New Zealand Privacy Commissioner if at any time you object to the way in which your personal information has been used. Further information on how to complain, is included on our website (<https://investnow.co.nz/about/contact-us/>). To view our Privacy Policy in full please see here <https://investnow.co.nz/resources/legal/>.

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9. Statutory Declarations

I, full name of person making the
declaration:

Occupation of person making the
declaration:

Residential address of person making the
declaration:

do solemnly and sincerely declare that the information provided by me in this form is true and correct AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declaration act 1957.

Signature of member:

Date:

Declared at Before me: (full name of witness):

Position (Justice of the Peace, solicitor of the High Court
of New Zealand, Notary Public, or other person authorised
to take statutory declarations):

Signature of witness:

Date:

10. Next steps

Please return this completed form to contact@investnow.co.nz or post to:

InvestNow
PO Box 25003
Wellington 6140

We will be in touch with you regarding this application once we have reviewed it.