Hive KiwiSaver Scheme

Serious Illness and Life-Shortening Congenital Conditions Withdrawal Application

A. Introduction and Steps to Apply

Use this form to apply for a withdrawal from your Hive KiwiSaver Scheme account if you are experiencing a serious illness or have a life-shortening congenital condition.

What is a serious illness?

As defined by the KiwiSaver Act 2006 (the Act), "serious illness" means an injury, illness, or disability:

- that results in the member being totally and permanently unable to engage in work for which they are suited by reason of experience, education, or training, or any combination of those things; or
- that poses a serious and imminent risk of death (generally understood to mean death is expected to occur within the next 18 months).

What is a life-shortening congenital condition?

A life-shortening congenital condition is a condition that exists from the date of the member's birth and is either:

- a listed condition (as prescribed by regulation): Down syndrome, Cerebral palsy, Huntington's disease, or Fetal alcohol spectrum disorder; or
- a non-listed condition for which there is medical evidence that the condition is expected to reduce life expectancy below New Zealand Superannuation age (currently 65) for the member or for persons in general with the condition.

Important note: If your withdrawal is to assist with **gastric surgery** or for **non-palliative medical treatment**, please contact us on **0800 242 023** to confirm this is the correct form for your situation. These circumstances may be better suited for a Significant Financial Hardship withdrawal.

Steps to apply

- Read through each section carefully and complete all required fields, including your **Statutory Declaration** and the **Doctor's Declaration**.
- Attach all supporting documentation, including the **medical certificate** from your health practitioner.

B. Return Instructions

- You must submit your application, along with all required supporting documents, at least **10 business days before your payment date**.
- For faster processing times, please return via email. Where not possible, please return via post at the address below.

Email return

Please scan this application and all supporting documentation and email them to us at: **hello@hive.co.nz**; OR

Postal return

Please send this application and any supporting documentation to: Hive Funds Limited, PO Box 147454, Ponsonby, Auckland 1144.

If you would like help completing this form, please email hello@hive.co.nz or phone us on 0800 242 023.

C. Checklist

Before returning this application, please ensure that all applicable items are ticked:

- ☐ You have answered all questions in this form.
- ☐ You have completed the Statutory Declaration (Section I) which has been witnessed by a person authorised to take Statutory Declarations.
- ☐ You have provided a correctly certified and dated photocopy of your identification and proof of residential address.
- ☐ You have provided a completed Doctor's Declaration (Section H) and any relevant supporting medical evidence.
- ☐ You have provided proof of your bank account in your name (e.g., a bank deposit slip or a bank statement showing the account name and number for payment of the requested withdrawal).
- ☐ You are fully aware of the requirements you must meet in order to qualify for this withdrawal and that final approval of your withdrawal is subject to our approval process.

D. Your Details

☐ Tick here if you are updating your address or any other personal details.

FIRST NAME

MIDDLE NAME

SURNAME

RESIDENTIAL ADDRESS

SUBURB

CITY

COUNTRY

POSTCODE

DATE OF BIRTH

/ /

MOBILE

EMAIL

IRD NUMBER

MEMBERSHIP NUMBER

E. Withdrawal Details and Options

If my application is approved, I would like to make:

☐ A withdrawal of my full available balance (after deduction of any fees, expenses and taxes).
If you withdraw your full balance, your Hive KiwiSaver account will be closed, and you will no longer be a member of the Hive KiwiSaver Scheme.

☐ A partial withdrawal of $ _____ (minimum withdrawal of $1,000)

Source of withdrawal (please tick one)

☐ Withdraw proportionally from all Hive KiwiSaver funds.

☐ Withdraw from specific funds as detailed below:

Complete the table below if withdrawing from specific funds. Percentages must add up to 100% across the funds you select.

FUND MANAGER	FUND	% TO WITHDRAW
Aurora Capital	Hive Aurora Liquidity Fund	
	Hive Aurora Conservative Fund	
	Hive Aurora Growth Fund	
	Hive Aurora Aggressive Fund	
	Aurora First Home Buyer Strategy	
	Aurora RetirementPlus Strategy	
Harbour Asset Management	Hive Harbour Balanced Fund	
	Hive Harbour Growth Fund	
Pie Funds	Hive Pie Growth Fund	
	Hive Pie Aggressive Fund	
Munro Partners	Hive Munro Global Growth Climate Leaders Fund	

Please note: The total allocation for specific fund withdrawals must equal 100%. If you select "Withdraw proportionally," you do not need to complete the table above; your withdrawals will be processed evenly from all funds. If no selection is made, withdrawals will also be processed proportionally.

F. Payment Details

Where would you like your withdrawal amount to be paid?

BANK NAME

ACCOUNT NAME

BANK | BRANCH | ACCOUNT | SUFFIX

Please note: The Manager will adjust your withdrawal amount for any tax liability and expenses arising as a result of this withdrawal request.

G. Privacy Statement

By completing this form, you acknowledge and agree that:

- The Privacy Act 2020 grants you the right to access and request corrections to your personal information held by Hive Funds Limited (including the Manager, associated entities, and agents) and the Supervisor.
- All information provided in this withdrawal form, and any further information you provide, may be used to administer your Hive KiwiSaver Scheme membership.
- You expressly authorise the sharing of your personal information (limited to information necessary to assess this withdrawal application) between your Doctor(s) or Nurse Practitioner(s) involved in this application and the Manager and Supervisor of the KiwiSaver scheme.

For full details of our privacy practices, please refer to our Privacy Policy at www.hive.co.nz/privacy

H. Doctor's Declaration – Statement of Your Condition

Important note for health practitioners: Please read the "Health Practitioners' Guide" (Schedule 1 of the KiwiSaver Serious Illness and Life-Shortening Congenital Conditions Processing Guidelines 2023) for detailed criteria before completing this section. A person must be assessed by an appropriately qualified health practitioner operating within the scope of practice for which they are registered.

Patient details

FIRST NAME | SURNAME

DATE OF BIRTH

/ /

ADDRESS

TOWN/CITY

Health practitioner's details

FULL NAME

PRACTICE NAME

PHONE NUMBER

ADDRESS OF PRACTICE

REGISTRATION NUMBER

EMAIL

- [ ] I confirm I am a registered medical practitioner with the Medical Council of New Zealand or a registered nurse practitioner with the Nursing Council of New Zealand.
- [ ] I confirm that a full health examination was carried out.
- [ ] I confirm that the assessment covered by this certification is within my scope of practice.

I form this opinion based on (please provide a detailed diagnosis and attach any supporting medical evidence/records):

When did this serious illness / congenital condition commence?

Other comments that may assist the Supervisor in considering the member's application:

Please tick the applicable condition and provide the requested information:

Serious illness withdrawal

I confirm that the member's circumstances meet the criteria for:

- [ ] **Total Permanent Disability:** The member is totally and permanently unable to engage in work for which they are suited by reason of experience, education, or training.

Description of Total Permanent Disability

OR

- [ ] **Terminal Illness:** The member's condition poses a serious and imminent risk of death (generally expected to occur within the next 18 months).

Description of Terminal Illness

Life-shortening congenital condition withdrawal

☐ I certify that the member has had since date of birth a condition which is a life-shortening congenital condition.

Please indicate type:

☐ Down syndrome (Down's syndrome)

☐ Cerebral palsy

☐ Huntington's disease (Huntington's chorea)

☐ Fetal alcohol spectrum disorder

OR

☐ **Non-Listed Condition**

Describe the condition and confirm it is expected to reduce life expectancy below age 65 for the member or for persons in general with the condition:

Health practitioner's declaration

Please note the Supervisor of the Scheme may wish to seek further medical evidence from you or another party to consider the member's application. The Supervisor may also require additional information or documentation to be verified by oath, statutory declaration or otherwise.

SIGNATURE OF DOCTOR / NURSE PRACTITIONER

DATE / /

I. Member's Statutory Declaration

(Complete this section in front of a person authorised to take statutory declarations).

I, FULL NAME (FIRST NAME, MIDDLE NAME, SURNAME)

ADDRESS

SUBURB | CITY | COUNTRY | POSTCODE

OCCUPATION

Solemnly and sincerely declare and agree that:

1. I have read and understood the privacy information provided in Section G.

2. I request a withdrawal from my Hive KiwiSaver account under the provision for serious illness or a life-shortening congenital condition.

3. I understand that this withdrawal is subject to the terms and conditions outlined in the KiwiSaver Act 2006 and by my KiwiSaver provider.

4. I have lived in New Zealand for the entire duration of my KiwiSaver membership, except for the following periods (if any):

FROM / / TO / /

FROM / / TO / /

FROM / / TO / /

I understand that if I have received any Government contributions for the above non-residency periods, these may be clawed-back from my Hive KiwiSaver account.

5. I am aware that providing incorrect or incomplete information in my application may hinder its assessment.

6. I will submit certified and dated copies of my identification and proof of residential address as required.

7. My withdrawal amount will be based on the market value of my investments when my request is processed. I understand that the withdrawal value may fluctuate based on the unit price(s) applicable at the time of processing, and that fees, taxes, and expenses may be deducted from my Hive KiwiSaver account.

8. I give consent for Hive Funds Limited to conduct AML/CFT checks, including digital checks using the information provided, as part of their obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

9. I affirm that all information provided in this application is true and correct.

10. If this is a full withdrawal, I understand that my Hive KiwiSaver account will be closed upon full payment, and I agree to release all claims made by me to the Manager and/or Supervisor in relation to my Hive KiwiSaver account.

11. **(For Life-Shortening Congenital Condition withdrawal only)** I understand that after this withdrawal, I am treated as having reached New Zealand Superannuation age, and I will no longer be eligible for Government contributions or compulsory employer contributions in relation to any future contributions to my Hive KiwiSaver account.

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

SIGNATURE OF PERSON MAKING THE DECLARATION

DATE / /

DECLARED AT (PLACE)

Before me (witness details)

NAME

OCCUPATION

(e.g., Justice of the Peace, Solicitor, Notary Public or other person authorised to take a statutory declaration)

ADDRESS

SIGNATURE

J. Identity Verification

To verify your identity, we need a certified copy of:

- ☐ Your current passport showing your name, date of birth, photo and signature; or
- ☐ Your New Zealand Firearms Licence; or
- ☐ Your Birth Certificate AND one of the following:
  - ☐ both sides of your 18+ card; or
  - ☐ both sides of your current New Zealand driver licence; OR
- ☐ Both sides of your New Zealand driver licence AND one of the following:
  - ☐ a recent (dated within the last 12 months) bank statement; or
  - ☐ a recent (dated within the last 12 months) statement from a government agency; or
  - ☐ both sides of a NZ bank credit, debit or Eftpos card containing your name, signature and expiry.

To verify your address, we need a certified copy of:

- ☐ a recent (dated within the last 12 months) bank statement; or
- ☐ a recent (dated within the last 12 months) utility bill showing your name and residential address; or
- ☐ a recent (dated within the last 12 months) letter from a Government Agency.

Please do not post original identity documents

Certification of documents

Certification of documents must have been completed in the 3 months preceding presentation of the certified documents.

- Each photocopy must be certified by one of the following referee types: a Justice of the Peace, a Solicitor of a High Court, or a Notary Public.

The certified document/s must state:

- **For photo ID:** "The document is a true and correct copy of the original which has been sighted and it represents a true likeness of the person presenting the document."
- **For address and non-photo ID:** "The document is a true and correct copy of the original document."