



## To stop further contributions being made

This application is to withdraw initial KiwiSaver contributions. If you also wish to stop any further contributions being made from your salary or wages, you must apply for a **contributions holiday**.

You can apply for a contributions holiday within the first 12 months if you're experiencing, or likely to experience, financial hardship (details of which will be included on the KS 5 form).

You can also apply for a contributions holiday when you have been contributing to KiwiSaver for 12 months or more. You can apply for this by completing a *Contributions holiday request form (KS 6)*.

## Bank account details

We need your bank account details so we can direct credit any refund to your bank account. If you don't have these details, send the form to us anyway.

If we approve your application we'll send you confirmation and refund the amount we've assessed direct to your bank account. If we don't approve your application we'll send you a letter giving the reasons.

In the meantime, we'll continue processing your KiwiSaver enrolment and your employer must continue to make deductions from your pay. If ongoing deductions cause hardship you may be eligible for a financial hardship contributions holiday. Please call us on 0800 549 472.

## Privacy

Meeting your tax obligations means giving us accurate information so we can assess your liabilities or your entitlements under the Acts we administer. We may charge penalties if you don't.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

If you ask to see the personal information we hold about you, we'll show you and correct any errors, unless we have a lawful reason not to. Call us on 0800 549 472 for more information. For full details of our privacy policy go to [www.ird.govt.nz](http://www.ird.govt.nz) (keyword: privacy).

**Please send this completed form to:**

**Inland Revenue  
PO Box 39090  
Wellington Mail Centre  
Lower Hutt 5045**

For more information about KiwiSaver go to [www.kiwisaver.govt.nz](http://www.kiwisaver.govt.nz) or call us on 0800 549 472.

## Doctor's declaration of serious illness

### Patient

Full name

<input type="text"/>	
First name(s)	Surname

Address

<input type="text"/>		
Street address or PO Box number		
<input type="text"/>		<input type="text"/>
Suburb, box lobby or RD	Town or city	Postcode

### Doctor

I, Dr

of

<input type="text"/>	
	Town or city

Contact numbers

<input type="text"/>	<input type="text"/>
Daytime	Mobile

Email address

certify that:

- I am a registered medical practitioner with the Medical Council of New Zealand.
- the above-named is a patient of mine and I have recently given them a full medical examination.
- in my opinion, the above named has an injury, illness or disability (*delete options below that don't apply*) which:
  - results in them being totally and permanently unable to engage in work they are suited for (because of experience, education or training, or any combination of these) or
  - poses a serious and imminent risk of death.

I form this opinion based on (give a brief description of the patient's condition):

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

**Income** Enter all income, including details of spouse or partner's income

**Weekly income (after tax)**

Salary/wages/pension/drawings	\$		.	
Part-time work	\$		.	
Spouse or partner's income	\$		.	
Self-employed income	\$		.	
Child support received	\$		.	
Working for Families Tax Credits	\$		.	
Department of Work and Income benefit/superannuation	\$		.	
Rent/board received	\$		.	
Interest/dividends	\$		.	
Other (specify)	\$		.	
	\$		.	

**Total weekly income** (add all amounts in the column and print total in Box A)

**A** \$

**Expenses** Enter all expenses, including details of spouse or partner's expenses

**Weekly payments**

Food/groceries	\$		.	
Rent/board/mortgage	\$		.	
Bus/train/petrol	\$		.	
Childcare/school expenses	\$		.	
Child maintenance payments	\$		.	
Other (specify)	\$		.	
	\$		.	

**Total weekly payments** (add all amounts in the column and print total in Box B)

**B** \$

**Monthly payments**

(to convert monthly payments to weekly payments, multiply by 12 and divide by 52 and put this figure in the weekly column)

	Monthly	Weekly
Gas/electricity	\$	\$
Telephone/mobile	\$	\$
Clothing	\$	\$
Hire purchase payments	\$	\$
Credit cards	\$	\$
Other (specify)	\$	\$

**Total monthly payments** (add all amounts in the weekly column and print total in Box C)

**C** \$

**Annual payments**

(to convert annual payments to weekly payments, divide by 52 and put this figure in the weekly column)

	Annual	Weekly
Vehicle insurance (eg car, boat, caravan)	\$	\$
Vehicle registration/warrant	\$	\$
House and contents insurance	\$	\$
Rates	\$	\$
Medical insurance/expenses	\$	\$
Life insurance/superannuation	\$	\$
Other (specify)	\$	\$

**Total annual payments** (add all amounts in the weekly column and print total in Box D)

**D** \$

**Office use only** Calculation: Income (Box A) less expenses (Box B + Box C = Box D) = balance

\$

**Assets and liabilities** Enter all business and private assets and liabilities

**Assets (show details)**

Residential property (market value)		Value	\$		.
Other property (market value)		Value	\$		.
Vehicles (eg car, boat, caravan)	Model and year		Value	\$	.
please include the registration number	Model and year		Value	\$	.
	Model and year		Value	\$	.
Bank accounts	Bank and branch		Balance	\$	
	Account number				
	Bank and branch		Balance	\$	
Account number					
	Bank and branch		Balance	\$	
	Account number				
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	\$	.
<b>Total assets</b> (add all amounts in the right-hand column and print total in Box E)			<b>E</b>	\$	.

**Liabilities/debts (show details)**

Mortgages	Bank/institution		Value	\$	.
	Bank/institution		Value	\$	.
Loans	Bank/institution		Value	\$	.
	Bank/institution		Value	\$	.
Bank overdraft	Bank/institution		limit	\$	.
	Bank/institution		limit	\$	.
Credit cards	Type		limit	\$	.
	Type		limit	\$	.
Hire purchases	Item		Balance to pay	\$	
	Date purchased				
	Item		Balance to pay	\$	
	Date purchased				
Trade accounts	Account name		Value	\$	.
	Account name		Value	\$	.
	Account name		Value	\$	.
Other debts (eg with Dept for Courts, Dept of Work and Income)	Name of debt		Value	\$	.
	Name of debt		Value	\$	.
<b>Total liabilities</b> (add all amounts in the right-hand column and print total in Box F)			<b>F</b>	\$	.

## Declaration of significant financial hardship

7. Give the reasons you are seeking a significant financial hardship withdrawal

  
  

8. What alternative sources of funding have you explored and what their limits are

  
  

9. How much money do you need?

Amount \$  or all available funds

In granting this application we may consider the withdrawal of all or part of the amount.

We may also request further financial information from you. **To enable a quicker refund of KiwiSaver deductions, please attach evidence that deductions have been made (for example, payslips or a letter from your employer).**

I,

Full name

of

Address

Occupation

- request a refund of my KiwiSaver contributions under the provisions of significant financial hardship relief.
- confirm that I have explored 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.

Applicant's signature

on

Day

Month

Year

before me  
(please print)

Justice of the Peace, or solicitor of the High Court of New Zealand, or other person authorised to take statutory declarations.

Signature