

**Please send completed form and supporting documents by post to:**  
 FREEPOST 884  
 Medical Assurance Society  
 PO Box 957,  
 Wellington 6140

**For assistance:**  
 Phone 0800 800 627  
 Email [info@mas.co.nz](mailto:info@mas.co.nz)

**(i) Important information**

Use this form if you wish to withdraw all or part of your account balance if you are suffering or likely to suffer from significant financial hardship. This includes if you are, or likely to be:

- unable to meet minimum living expenses; or
- unable to meet mortgage payments on your family residence, resulting in the mortgage provider seeking to enforce the mortgage on your property; or
- modifying your home to meet special needs because of you or a dependant family member having a disability; or
- paying for medical treatment if you or a dependant family member becomes ill, has an injury, or requires palliative care; or
- incurring funeral costs if a dependant family member dies; or
- Suffering from a serious illness.

If your significant financial hardship has arisen because you are suffering from a serious illness, please contact us before completing this form. You may be able to apply for a withdrawal on the grounds of serious illness.

You can apply to withdraw all of the funds in your KiwiSaver account, excluding government contributions. If your application is approved, you'll receive an amount that in the Supervisor's, Public Trust's, opinion is required to relieve your hardship. This may be less than what you applied for.

If you provide all the information and supporting documents required to assess your financial situation we will generally be able to provide an outcome within 15 business days. If we have to ask for additional information, this will cause delays in the processing of your application.

### 1. Your information

Full name

Member number  Date of birth

Postal Address

Phone number

Email

Prescribed investor rate (PIR)

Please refer to [ird.govt.nz/pir](http://ird.govt.nz/pir) for more information on how to determine your PIR.

Spouse/partner full name

Is your spouse/partner in paid employment?

Home ownership status

**Dependents**

Name	Age	Nature of relationship

Continued over page...

How much money do you need?

Please outline how you would spend any approved withdrawal

**Privacy Statement**

We collect, store, use, and disclose your personal information in accordance with our Privacy Statement which is available on our website at [mas.co.nz/privacy-statement](http://mas.co.nz/privacy-statement). You can contact us in relation to your privacy by emailing [privacyofficer@mas.co.nz](mailto:privacyofficer@mas.co.nz) or calling us on 0800 800 627.

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## 2. Payment details

Please provide your bank account details. We can only pay your withdrawal to your New Zealand bank account; we can't pay third parties. Please attach proof of bank account, e.g. bank statement, deposit slip or signed screen print of your internet bank accounts. If you have provided us with this verification in the last 12 months, you do not need to provide it again.

Bank      Branch      Account number      Suffix

Name of account

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## 3. Assets and liabilities – enter all business and private assets and liabilities

**Assets:** please show details (including spouse or partners assets):

**Residential property** (market value) Value

Address

**Other property** (market value) Value

Address

**Vehicles** (e.g. car, boat, caravan – please include the registration number. Continue on a separate sheet if necessary.)

Model and year  Registration number  Value

Model and year  Registration number  Value

**Bank accounts**

Bank  Branch

Account number Balance

Bank  Branch

Account number Balance

**Other accounts** (e.g. credit union, building society. Continue on a separate sheet if necessary.)

Account type Balance

**Household goods** Value

**Life insurance**

Company Surrender value

Company Surrender value

Company Surrender value

Continued over page...

## Assets and liabilities – enter all business and private assets and liabilities (cont.)

### Money owed

Owed to you by Value \$

### Other assets

Shares Company/Name Number/units held Value \$

Term Deposits Value \$

Other Value \$

**Total assets** (add all amounts in the right hand columns and print total in box A) A \$

### Liabilities/debts: please show details (including spouse or partners liabilities):

Mortgages	Interest rate		Amount owing	
Bank/institution	%	Value	\$	\$
Other properties	%	Value	\$	\$

Loans				
Bank/institution	%	Value	\$	\$
Bank/institution	%	Value	\$	\$

Bank overdraft				
Bank/institution	%	Value	\$	\$

Credit cards				
Type	%	Limit	\$	\$
Type	%	Limit	\$	\$

Leases				
Item	%	Purchase amount	\$	\$
Date purchased	dd-mm-yyyy	Finish date	dd-mm-yyyy	
Item	%	Purchase amount	\$	\$
Date purchased	dd-mm-yyyy	Finish date	dd-mm-yyyy	

Hire purchases				
Item	%	Purchase amount	\$	\$
Date purchased	dd-mm-yyyy	Finish date	dd-mm-yyyy	

Trade accounts				
Account name	%	Value	\$	\$
Account name	%	Value	\$	\$
Account name	%	Value	\$	\$

Other debts				
Name of debt	%	Value	\$	\$
Name of debt	%	Value	\$	\$

**Total liabilities** (add all amounts in the right hand columns and print total in box B) B \$

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**4. Income** – enter all income, including details of spouse or partner’s income

**Weekly income** (after tax)

Salary/wages/pension/drawings (*please attach a copy of your last three payslips*)

\$
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Part-time work (*please attach a copy of your last three payslips*)

\$
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Spouse or partner’s income (*please attach a copy of their last three payslips*)

\$
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Self-employed income

\$
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Child support received

\$
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Working for Families tax credits

\$
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Department of Working and Income benefit/superannuation  
(*please attach a copy of the letter from WINZ*)

\$
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Rent/board received

\$
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Interest/dividends

\$
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Other (*please specify*)

\$
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Other (*please specify*)

\$
----

**Total weekly income** (*add all amounts in the column and print total in box C*)

<b>C</b>	\$
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If spouse has recently lost their job, state former income (*weekly*)

\$
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**5. Expenses** – enter all expenses, including details of spouse or partner’s expenses

**Weekly payments**

Food/groceries	\$
Rent/board/mortgage (please attach a copy of your rental agreement)	\$
Bus/train/petrol	\$
Childcare/school expenses	\$
Child maintenance payments (please attach the child support letter from IRD)	\$
Other (please specify)	\$
Other (please specify)	\$

**Total weekly payments** (add all amounts in the column and print total in box D) **D** \$

**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	\$	\$
Lease payments (please attach a copy of your current statement)	\$	\$
Hire purchase (please attach a copy of your current statement)	\$	\$
Credit cards	\$	\$
Other (please specify)	\$	\$

**Total weekly payments** (add all amounts in the column and print total in box E) **E** \$

**Annual payments**

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

	Annual	Weekly
Vehicle insurance (e.g. car, boat, caravan)	\$	\$
Vehicle registration/warrant of fitness	\$	\$
House and contents insurance	\$	\$
Rates	\$	\$
Medical insurance/expenses	\$	\$
Life insurance	\$	\$
Other (please specify)	\$	\$

**Total annual payments** (add all amounts in the column and print total in box F) **F** \$

**Office use only**

**Calculation: income** (box C) **less expenses** (box D + box E + box F) = **balance** **G** \$

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## 6. Circumstances of significant financial hardship

In the last 3 to 6 months has your landlord threatened to evict you?            Yes        No        Not applicable

Has your bank threatened to sell your house to repay your loan?            Yes        No        Not applicable

If you answered yes to any of these questions, please attach proof, i.e. landlord or bank letter.

Please provide the reasons you are seeking a **significant financial hardship withdrawal**

Have you sought advice from the Citizens Advice Bureau or a budget adviser?            Yes        No

Have you approached your lenders for hardship relief and/or to suspend payments for a time?            Yes        No

Have you approached WINZ for assistance?            Yes        No

If you answered yes to any of these questions, please attach proof, i.e. a letter of response from the institution.

What alternative sources of funding have you explored and how much will this provide?

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## 7. Statutory declaration

I   
of   
and

Do solemnly and sincerely declare that:

I have explored reasonable alternative sources of funding.

The completed statement of financial position is true and correct to the best of my knowledge.

I understand that acceptance of the application is at the discretion of the Supervisor and the Manager, Medical Funds Management Limited, and/or the Supervisor may request additional information from me relating to this application.

I am aware that if the Supervisor accepts my application, the Supervisor may limit the amount that I am able to withdraw to an amount that in its opinion is required to alleviate my financial hardship

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

Signature Declared at

Witnessed by

Occupation

Postal Address

Please note: The declaration may only be witnessed by a Justice of the Peace, solicitor or other person authorised to take a statutory declaration as set out in the Oaths and Declarations Act 1957.

Signature Date

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## 8. Identification requirements

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires MAS, on behalf of the Manager, to verify the identity of new investors and, periodically, reconfirm information about existing investors.

Please select one of the options below.

### Option One: Electronic Identity Verification and Proof of Address

MAS can confirm the identity and/or New Zealand address of many of our investors electronically, with their permission. Please note that we use a third-party system not owned by MAS to conduct identity checks in this way.

I confirm that I give MAS authority to check my identity and/or address electronically using the documentation provided.

I have included a copy of my current NZ Passport (preferred) (page showing name, date of birth, photo, and signature) or NZ Driver Licence (front & back).

**Please note, if this method fails to identify you, we will contact you to provide physical documents, as per Option 2 below.**

OR

### Option Two: Certified copies of identity and address documents

If you have opted not to use Electronic Identity Verification, then you will need to provide certified copies of the following documentation:

Continued over page...

**Please provide us with either**

A certified copy of your current passport (page showing your name, date of birth, photo, and signature).

A certified copy of your New Zealand driver licence showing your name, signature and expiry date along with one of: certified copy of a bank statement issued to you by a registered NZ bank (dated within the last 12 months); valid credit or debit card with name embossed and signature; birth certificate; citizenship certificate; Government agency letter (e.g. IRD, Electoral Commission, etc.) dated within the last 12 months; SuperGold card with photo, name and signature.

A certified copy of New Zealand firearms licence.

**AND one of the following showing your name and residential address (which can't be more than 90 days old):**

A certified copy of a utility bill (power, gas, water, landline phone, SKY or internet service).

A certified copy of a document issued to you by a NZ Government agency (e.g. IRD, ACC, Ministry of Justice NZQA, or WINZ).

A certified copy of a NZ council rates notice/valuation.

A certified copy of a residential rental agreement.

**Who can certify your documents?**

A MAS employee can verify your ID and proof of address. Alternatively, the following people can certify photocopies of original documents:

- Registered medical doctor
- Notary Public
- Justice of the Peace
- Member of the Police
- New Zealand lawyer
- New Zealand Chartered Accountant
- A person who has legal authority to take statutory declarations (or equivalent) in New Zealand.

**The certifier must:**

- See the original document and make a statement to the effect that the documents provided are true and correct copies and confirm the identity of the named individual;
- State their full name and their capacity to act as a certifier; and
- Date the certification (no more than three months prior to the date of the application).

The certifier cannot be related to you or a person living at the same address, or a party of the application.

When certification occurs overseas, copies of the required documentation must be certified by a person authorised by law to take statutory declarations.

Please note carefully the requirements above. If we need to ask for further information, this will delay the processing of your application.



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## 9. Checklist

Make sure you send us everything listed below, as we can't consider your request without the following:

Your completed application.

Copies of payslips (last three consecutive).

Copies of bank account statements (last three months).

Copy of residential rental agreement (where applicable).

Copy of overdue accounts and loans.

Copy of credit card statements (last three months).

Proof of identity and address (as applicable for the option you have selected under Section 8).

Proof of bank account.