

**PERSONAL SUPERANNUATION SCHEME  
FUTURE LIFESTYLE PLAN  
SUPERANNUATION MASTER TRUST**

**Financial Hardship Withdrawal Application**

Please send this completed form and supporting documents to:

[lifetime@linkmarketservices.com](mailto:lifetime@linkmarketservices.com)

Lifetime Asset Management,  
PO Box 91976, Victoria Street West,  
Auckland 1142.

If you have any questions when completing this form, please call Customer Services on 0800 266 268.

**Which product do you have an investment? (select one):**

**Please complete a separate form for each of these if you are invested in both and want to change both.**

- Future Lifestyle Plan (FLP)       Personal Superannuation Scheme (PSS)       Superannuation Master Trust (SMT)

Use this form to apply for a withdrawal if you are experiencing, or likely to experience, financial hardship.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it and any supporting documents to the address above.

Please note that any financial hardship withdrawal of savings is subject to the Manager's approval.

**How do I apply for a financial hardship payment?**

To apply, please:

- Read the definition of financial hardship in section (d) to make sure your circumstances fit the criteria.
- Complete this Financial Hardship Withdrawal Form.
- Remember to include supporting documentation for your application. This may be your two most recent bank statements, letters from creditors, receipts, quotes, or other supporting documents that show why you are suffering from financial hardship.
- Contact a Justice of the Peace or any other person authorised to take statutory declarations. We won't be able to progress your application unless you've signed the Statutory Declaration in section (i) and had it witnessed by an authorised person. You can find a list of local Justices of the Peace in the Yellow Pages or online at [www.justiceofthepeace.org.nz](http://www.justiceofthepeace.org.nz).

**How can I stop further contributions being made?**

If you also wish to stop any further contributions being made into your plan, please send in a letter of request.

**Where can I get budgeting advice?**

For free, confidential budget advice you can visit the website [www.sorted.org.nz](http://www.sorted.org.nz) or call the New Zealand Federation of Family Budgeting Services.

\*These fields must be completed      ^Complete if joint membership

**(a) Your personal details**

\*Plan number

\*Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*Date of birth

\*First names

\*Surname

\*IRD number

\*Prescribed Investor Rate (PIR)  10.5%  17.5%  28%

Tax is deducted from any withdrawals using the information held by Lifetime at the time a withdrawal is made. If the member's PIR has changed, please advise the new PIR. If you're unsure of the member's PIR please contact the member's Adviser or Inland Revenue. Future Lifestyle Plan is not a Portfolio Tax Entity, Prescribed Investor Rate are not required.

**(a) Your personal details (Cont.)**

**^Title**  
 Mr  Mrs  Ms  Miss  Dr  Other

**^Date of birth**

**^First names**

**^Surname**

**^IRD number**

**^Prescribed Investor Rate (PIR)**  10.5%  17.5%  28%

Tax is deducted from any withdrawals using the information held by Lifetime at the time a withdrawal is made. If the member's PIR has changed, please advise the new PIR. If you're unsure of the member's PIR please contact the member's Adviser or Inland Revenue. Future Lifestyle Plan is not a Portfolio Tax Entity, Prescribed Investor Rate are not required.

**\*Name of Entity (for Trusts, partnerships or companies)**

**\*Postal address**  
  
 Postcode

**\*Please provide at least one contact phone number**

**Home phone**  ( )

**Work phone**  ( )

**Mobile phone**  ( )

**\*Email**

**(b) Financial hardship withdrawal request**

**Please tick the reason or reasons that apply to your situation.**

Financial hardship includes financial difficulties that arise because of:

- Your inability to meet minimum living expenses
- your inability to carry out your usual occupation because of your temporary or permanent illness, injury or disability
- your inability to meet mortgage repayments on your principal family residence resulting in the mortgagee seeking to enforce the mortgage
- the cost of modifying a residence to meet special needs arising from your or your dependant's disability
- the cost of medical treatment for an illness or injury to you or your dependant
- the cost of palliative care for you or your dependant
- the cost of a funeral for your dependant
- other (please specify)

**(c) Payment instructions**

**Account name**

**Account number**

We require a bank-enclosed deposit slip, bank statement or confirmation from your bank verifying the account name and number. The bank account must be a NZ bank account in your name or be a joint account incorporating your name.

If Lifetime Asset Management already has proof of a verified bank account on record you may not be required to send proof in again. If you are unsure please call free **0800 266 268** or email **lifetime@linkmarketservices.com**

**(d) Statement of financial position** (please provide recent information, i.e. no older than two weeks prior to the date statement is completed and signed)

**Note: You must complete this section. Information must include all of your household, business and personal assets and liabilities including your spouse/partner where sought below. If you require more space please attach a list (including all relevant information as set out above) to this application. The Manager is unable to fully consider your application until there is sufficient supporting documentation. If you have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 266 268.**

Number of Dependants  Age of Dependants

Are you employed? Yes  No

If yes, is it: Full time  Part time  Casual  Are you: Single  Married/De Facto Relationship

Spouse/partner first name  Spouse/partner last name

Is your partner employed? Yes  No  If yes, is it: Full time  Part time  Casual

**(e) Assets you own**

Property owned	Valuation date	Values
	D D M M Y Y Y Y	\$
	D D M M Y Y Y Y	\$

**Accounts - list all bank accounts (attach certified copies of your bank statements for the last three months)**

Bank and branch	Account number	Balance
		\$
		\$
		\$

**Other accounts - list all other accounts, e.g. credit union, building society (attach certified copies of your statements for the last three months)**

Account type	Balance
	\$
	\$

**Other assets**

Asset type	Value
Shares	\$
Debentures	\$
Other (e.g. Bonus bonds, loans, money owed to you)	\$
Superannuation policies (current value)	\$
	\$
Vehicles (e.g. car, boat, caravan – list the make, model and year)	\$
	\$
Other - (specify):	\$
	\$
<b>Total all assets (add all amounts in the right hand column) and insert total in box (1)</b>	<b>(1) \$</b>

**(f) Liabilities/debts you owe - complete all details and attach certified copies of accounts for the last three months**

<b>Mortgages/loans/bank overdrafts – list bank or institution</b>	<b>Credit limit</b>	<b>Amount owing</b>	<b>Amount overdue</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and insert total in box (i)		\$	(i) \$

<b>Credit/Store cards – list bank or institution</b>	<b>Credit limit</b>	<b>Amount owing</b>	<b>Amount overdue</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and insert total in box (ii)		\$	(ii) \$

<b>Other debts/Hire purchase – e.g any rent arrears</b>	<b>Credit limit</b>	<b>Amount owing</b>	<b>Amount overdue</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and insert total in box (iii)		\$	(iii) \$

<b>Total all liabilities (add all amounts in the right hand column) and insert total in box (2)</b>	<b>(2) \$</b>
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**(g) Income and expenses - information must include the total household income and expenditure**

**Note:** Monthly to weekly =  $x 12 \div 52$   
Annual to weekly =  $\div 52$

<b>Income (weekly, net after tax)</b> <b>enter all sources of income, including details of your spouse or partner's income</b>	<b>Weekly amount</b>
Salary/wages/part-time work (provide last four payslips)	\$
Spouse or partner's income (provide last four payslips)	\$
Self-employed income	\$
Working for Families Tax Credits	\$
WINZ benefit/Superannuation	\$
Child support received	\$
Rent/board received	\$
Other (specify):	\$
	\$
	\$
<b>Total all income (add all amounts in the right hand column and insert total in box (3))</b>	<b>(3) \$</b>

<b>Expenses (weekly)</b> enter all weekly expenses, including details of your spouse or partner's expenses (attach certified copies of payment demands for accounts that are in arrears)		<b>Weekly amount</b>
Food/groceries		\$
Rent/board/mortgage		\$
Bus/train/petrol		\$
Childcare/school expenses		\$
Child maintenance payments		\$
Gas/electricity		\$
Telephone/mobile		\$
Clothing		\$
Hire purchase payments		\$
Credit/Store card(s) payments		\$
Loan repayments		\$
Insurance (car, house, contents, boat etc)		\$
Vehicle registration(s)		\$
Council rates		\$
Water rates (if applicable)		\$
Medical insurance		\$
Life insurance/superannuation		\$
Other (specify)		\$
		\$
		\$
<b>Total all expenses (add all amounts in the right hand column and insert total in box (4))</b>	<b>(4) \$</b>	
<b>Surplus/Deficit</b>	<b>(3) - (4) =</b>	<b>\$</b>

**Please attach copies of all relevant supporting documentation.**

1. Give a full and complete explanation of the reason you are seeking a financial hardship withdrawal. Please note that the Manager may direct that the amount withdrawn be limited to a specified amount that in the Manager's opinion, is required to remedy the particular financial hardship.


2. How will the withdrawal remedy your financial hardship?


3. What are the implications for you should this application not be approved?


4. Please describe plans you have put into place to prevent these financial difficulties from happening again


5. Have you considered alternative sources of funding, refinancing or topping-up existing borrowings to resolve the financial hardship situation? If you have, what was the outcome? Please note that the Manager is required to be satisfied that reasonable alternative sources of funding have been explored and have been exhausted.


6. How much money do you need to alleviate your financial hardship? Amount \$

**Please note:** In granting this application the Manager may consider the withdrawal of all or part of the amount. We may also request further financial information from you.

## (h) Identity and Address Verification

### Proof of Identity

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing). **If you cannot provide a document from Option 1, then complete Option 2 or 3.**

#### Option 1: ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

#### Option 2: NZ Driver's Licence **PLUS** (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 12 months

#### Option 3: Government issued birth certificate OR citizenship **PLUS** (ONE of the documents from this section)

<input type="checkbox"/> 18+ Identity card	<input type="checkbox"/> Valid international driving permit
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### Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to show the **residential address** detailed in section (a) and be dated within the last 6 months.

Letter or invoice from utility company     Bank statement     Letter from government agency (e.g. Inland Revenue, rates bill)

### Verification of identity electronically

In order to verify your identity and address electronically, please provide us with copies of the documents listed in above. Note: identity verification documents must be New Zealand documents and current (i.e. not expired).

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, you will need to provide the documents above which have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

I will attach certified documents to verify my identity and address.

If you do not wish Lifetime to verify your identity and address electronically, your documents are to be certified by one of the following trusted referees: Member of the Police, Registered Medical Doctor, Registered Teacher, Lawyer, New Zealand Honorary Consul, Chartered Accountant, Justice of the Peace, Kaumatua, Minister of Religion, Notary Public, Member of Parliament, a person who has the legal authority to take statutory declarations, Commonwealth representative (under the Oaths and Declarations Act)

**(i) Statutory declaration**

\*I (full name of member)

B L O C K L E T T E R S

\*of (Address)

B L O C K L E T T E R S

B L O C K L E T T E R S

Occupation

B L O C K L E T T E R S

solemnly and sincerely declare that:

1. I request a withdrawal on the grounds of financial hardship relief;
2. I confirm that I have explored and exhausted all reasonable alternatives of funding to relieve my significant financial hardship including borrowing money;
3. The information provided in this application, including the Statement of Financial Position and any attachments, is complete and true and correct.
4. I understand that acceptance of the application is at the discretion of the Manager and that fees may apply;
5. I understand that the Manager may request additional information from me relating to this application;
6. I am aware that if the Manager accepts my application, the Manager may limit the amount that I am able to withdraw to an amount that in its opinion is required to alleviate my financial hardship;
8. I confirm that I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
9. I indemnify the Supervisor, Lifetime and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of my membership of the Scheme and/or any withdrawal payment made.

In regards to UK Pension Transfers (if applicable only if this was originally a pension transfer from the UK)

10. I understand that the UK tax year runs from 6 April to 5 April; and
11. I have not been a UK resident for UK tax purposes at any time during the current or previous five consecutive UK tax years; and
12. I understand that this Declaration will be used to support my application to withdraw funds transferred from my UK registered pension scheme.

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

\*Declared at

\*This (date)

\*Member's signature

\*Member's signature

before me (Justice of the Peace, solicitor, notary public, or other person authorised to take statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament):

\*Full name, title/office of person taking declaration

\*of city (where signing)

\*Occupation

\*Signature of person authorised to take declaration

\*Date

**(j) Privacy**

The personal information you provide in this form (your information) will be collected and held in accordance with the Privacy Act 2020 by Retirement Income Group Limited and its subsidiaries (Retirement Income Group) who may use and disclose your information to any other party (including scheme supervisors, and regulatory or government agencies). Your information may be used and disclosed to administer and manage your investments, comply with any law applying to the Retirement Income Group or the products and services they provide to you, promote to you this or other products within the Retirement Income Group, or otherwise for any other reason in accordance with the Retirement Income Group's privacy statement which can be found at [www.lifetimeincome.co.nz/about-us/privacy/](http://www.lifetimeincome.co.nz/about-us/privacy/).

You can choose not to provide us with your information. However, if you do not provide us with your information, we may not be able to process this request. You can request access to view or correct your information. To do so, please contact the Retirement Income Group's Privacy Officer by emailing [retire@lifetimeincome.co.nz](mailto:retire@lifetimeincome.co.nz).

I agree that this information may be collected, held and disclosed for these purposes.

**(k) Advice**

\*Have you received financial advice in making this decision? Yes  No   
If yes, please ensure your Adviser completes Section (l).

**(l) Member's signature**

I/We certify that, to the best of my knowledge and belief, the information above is true and correct.

\*Member's signature

\*Date

SIGN HERE

D	D	M	M	Y	Y	Y	Y
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^Member's signature

^Date

SIGN HERE

D	D	M	M	Y	Y	Y	Y
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**(m) Adviser use only**

Adviser name

Adviser code

B	L	O	C	K		L	E	T	T	E	R	S				
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Adviser's business name

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I certify that I have completed the most recent training provided by Lifetime for this product, and have complied with the requirements of the Financial Markets Conduct Act 2019, and all other applicable laws.

Signature of Adviser

Date

SIGN HERE

D	D	M	M	Y	Y	Y	Y
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