

## SUPERANNUATION MASTER TRUST

# Financial Hardship Withdrawal Application

Use this form to apply for a withdrawal from the Superannuation Master Trust (SMT) 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 SMT 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 SMT 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 (g) 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

## \*(a) Your personal details

\*Plan number

\*Date of birth

\*Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*First name(s) (please print)

\*Surname

\*Residential address

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

\*Postal address (if different from above)

<input type="text"/>	Postcode
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\*Please provide at least one contact number

Home phone

Work phone

Mobile phone

\*Email

\*IRD number (if you have an 8 digit IRD number leave the first box blank)

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

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you're unsure of your PIR, please contact your Adviser or Inland Revenue.



**(e) 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

**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>

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

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

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

Other debts/Hire purchase – e.g any rent arrears	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
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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**Income and expenses** - information must include the total household income and expenditure

**Note:** Monthly to weekly = x 12 ÷ 52  
Annual to weekly = ÷52

Income (weekly, net after tax) enter all sources of income, including details of your spouse or partner's income	Weekly amount
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.



**Next steps:**

- If the Manager approves your request we'll direct credit your account with the amount approved and send you confirmation of the payment made.
- If your request is not approved, we will advise you.

- It's important that ALL supporting documentation is provided with this application. Failing to do so will delay the application process or result in your application being declined.

**The Manager may also request further financial information from you.**

### (h) Provide Your Identification to Verify Your Identity and Address

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 6 months

**Option 3:  18+ Identity card PLUS (ONE of the documents from this section)**

<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
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**IMPORTANT:** If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

**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, please select an alternative in section (i).

## (i) Certify or verify your identity

Your identity can be certified by a trusted referee (use the first box below), or verified by an Adviser or Lifetime employee acting as agent of Lifetime (use the second box below).

If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or Lifetime.

### DECLARATION BY TRUSTED REFEREE (CERTIFYING IN NEW ZEALAND)

I,  confirm that

1. I have sighted today the original of each document identified with a tick in section (h) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a (tick one of the following)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer   | <input type="checkbox"/> Justice of the Peace  | <input type="checkbox"/> Notary Public               | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant   | <input type="checkbox"/> Police Constable  | <input type="checkbox"/> Registered Teacher          | <input type="checkbox"/> Kaumātua                  |
| <input type="checkbox"/> Member of Parliament   | <input type="checkbox"/> Minister of Religion  | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul        |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court |  |  |

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

### DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW ZEALAND)

I,  confirm that

1. I have sighted today the original of each document identified with a tick in section (h) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a

4. In this capacity, I am authorised to take statutory declarations under the laws of

5. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

### DECLARATION BY ADVISER OR LIFETIME EMPLOYEE (AS AGENT OF LIFETIME)

I,   confirm that

1. I have sighted today the original of each document identified with a tick in section (h) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. Lifetime has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that Lifetime is relying on me to perform those functions for it.
4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/Lifetime Employee

Dated

