

KiwiSaver Serious Illness Application

Use this form to apply for an early withdrawal of some or all of your KiwiSaver savings if you are suffering from Serious Illness.

In the KiwiSaver Act, Serious Illness is defined as:

- an injury, illness or disability that results in your being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training or a combination of those things; or
- an injury, illness or disability that poses a serious and imminent risk of death.

Please complete this application form, including the Statutory Declaration on page 2, which must be witnessed by a person authorised to take a statutory declaration, such as a lawyer.

Your doctor must complete the declaration on page 4.

We will also require copies identity documents as detailed on page 3.

1. Your Details

First Name **Anna**

Surname **Steedman**

Date of Birth

2	0
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0	7
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1	9	7	5
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Home Address **95 Berketts Road**

City **Rolleston**

Country **New Zealand**

Postcode **7678**

Home Phone

Work Phone

Mobile **02102218035**

Email **jwilliams@jwchch.com**

IRD No.

0	5	6
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 -

9	0	3
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8	0	1
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If you don't know your IRD number, please contact Inland Revenue.

2. Privacy Act

Simplicity NZ Limited, Public Trust (the Supervisor), and any of their authorised agents (each an "Authorised Person") will collect personal information about the member provided in connection with this application or the Scheme, and will hold the information securely. They will use the personal information to consider your application, to communicate with you or to promote other products and services to you. You may ask to see the information we hold about you, and if any of the information is incorrect, ask for it to be corrected. The address to contact Simplicity and Public Trust are set out in the Scheme's Product Disclosure Document.

The Supervisor may require additional information from the doctor providing the declaration on page 4, to enable it to make a decision. In this case the doctor will be contacted directly.

3. Government Contribution

When you request a KiwiSaver withdrawal, you must complete a statutory declaration confirming whether your principal place of residence was New Zealand for the period of your KiwiSaver membership. Going overseas on a holiday, even for several months is not considered a change of principal residence. However if you lived or worked overseas and received KiwiSaver government contributions, we must refund that portion of the contributions back to Inland Revenue.

Please note that if you were working overseas as an employee of the New Zealand Government or as a volunteer for certain charitable organisations, you are eligible for Government Contributions, if this applies, please provide evidence with your application, such as a letter on your employer's letterhead confirming the period you were employed.

Please tick one:

- ☒ during the period I have been a member of KiwiSaver up to my date of eligibility to withdraw, New Zealand has been my principal place of residence;
- or
- ☐ during the period I have been a member of KiwiSaver up to my date of eligibility to withdraw, New Zealand has been my principal place of residence except for the periods specified below
(Note: do not include overseas holidays here. Only include periods of non-residence in New Zealand):

Start Date	End Date	Start Date	End Date
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /

4. Statutory Declaration

I **ANNA STEEDMAN**
of **95 BERKETS RD 7618** and **NO EMPLOYMENT**

solemnly and sincerely declare that:

- I am a member of the Simplicity KiwiSaver Scheme.
- I am applying to the Supervisor for a withdraw from my KiwiSaver savings as I am suffering a serious illness.
- I understand that acceptance of this application is at the discretion of the Supervisor.
- I understand that my withdrawal value will or might fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my account.
- The information given in this form is true and correct. I acknowledge that the Manager and the Supervisor of the Scheme will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against and claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I understand that the Manager and/or Supervisor of the Scheme will not be able to complete its assessment of this application if the information given in this form is incomplete.
- I understand the information supplied by me with this application can be used to electronically verify my identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant including a government agency or reliable, independent source.
- I have read the privacy statement in this form.

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

My Signature

Declared at

Date 25/6/21

Before me (Signature and name of the authorised person in front of whom the declaration is made. This can be a JP, solicitor, notary public, a Registrar or Deputy Registrar of the District Court or the High Court, or other person authorised to take a Statutory Declaration in accordance with the Oaths and Declarations Act 1957):

Signature of Witness

Name of Witness

Occupation of Witness

5. Payment Details

We will only make payments in New Zealand dollars to a New Zealand bank account in your name (held individually or jointly).

Name of Bank Account

Account Number

0	3	-	0	8	2	3	-	0	0	8	5	0	8	4	-	0	0
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6. Your Bank Account

Please provide a bank statement showing bank account number, name and address OR an over-the-counter printed receipt with a teller's stamp OR an online bank account statement with the name of the bank in the header or footer.

7. Your Withdrawal Request

Type of withdrawal (please tick one):



the full value of my Simplicity KiwiSaver Scheme account
(after deduction of any fees expenses and taxes)



a partial withdrawal of Amount \$ _____

8. Identity Documents & Proof of Address

Proof of Identity

Preferred Option:

- Passport
- New Zealand Drivers Licence; or
- New Zealand Firearms Licence

Alternatively:

- Birth certificate; or
- Citizenship Certificate

And one of the following

- Kiwi Access card; or
- Tertiary Student Photo ID; or
- Current International Driving Permit

Proof of Address

Please provide proof of address for applicant's physical address (not a PO Box) from one of the sources listed below. Enclose a certified copy of an invoice, statement, letter or contract in applicant's name, dated within the last 3 months, delivered electronically or by mail. You may contact us to discuss other options if needed.

- Utility bill e.g. water, electricity, gas, telecommunications, Sky TV (or other fixed address media provider)
- Insurance company statement or letter
- Non-bank financial institution statement or letter
- Car registration notification/demand
- Government or local Government agency e.g. IRD, benefits statement, Watercare, Council notice
- Rental tenancy agreement
- Electoral roll papers
- Employer provided payslip or accommodation letter

9. Certification of your Identity & Address Documents

You must have an approved person certify copies of all identity documents and proof of address documents.



The approved person could be a: Justice of the Peace; chartered accountant; lawyer; police officer; registered teacher; registered doctor or any other person who has legal authority to take statutory declarations in New Zealand.



Certification must be within the last three months.



The approved person cannot be your spouse, partner, relative or living at the same address as you.

Upon comparing the copy with the original document, the approved person must write on the copy their name, occupation, their signature, the date and the following, "I certify this to be a true copy of the original document and confirm that it represents the identity of [full name of person being identified]".

Email return: Please scan this application and all supporting documentation and email them to us at info@simplicity.kiwi

Doctor's Declaration of Serious Illness

To be completed by doctor

I, Dr Victoria Flight

NAME

of ProMed Doctors

WORKPLACE

TOWN/CITY

Business Number 03 379 1112

AREA CODE

NUMBER

Mobile Number

Email Address

Dr Victoria Flight MB ChB
MC-22335 HPH-13APFH ACC-Y93931
ProMed Drs 115 Sherborne St Chch
P 03 379 1112 F 03 379 1113
www.promed.health.nz

Certify that:

- I am a registered medical practitioner with the Medical Council of New Zealand.
- The person detailed on page 1 of this form is a patient of mine; and
- In my opinion, the above-named has (please tick):

☒ Injury ☒ Illness ☐ Disability

Which

- ☒ results in them being totally & 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 nature and extent of the patient's condition):
Please attach any relevant supporting information or documentation.

See attached letter supporting Anna Steedmans Application.

Note:

The Supervisor may require additional information from you to enable it to make a decision. In this case we will contact you directly.

Doctor's Signature



Date 28 / 06 / 21

ProMed Doctors
115 Sherborne St, Edgeware, Christchurch 8014
Phone 379 1112 Fax 379 1113

Ms Anna Steedman
95 Berketts Rd
RD 8
Rolleston
Christchurch 7678

Date: 28 July 2021

To Whom it May Concern,

Anna has a long and extensive history of both workplace injuries as well as injuries arising from both domestic violence (physical and mental abuse) as well as from injuries arising from common assault outside of a bar.

Anna's Medical History Includes

- Closed Fracture of her ribs
- PTSD
- Multiple Contusions of her Knee
- Minor Traumatic Brain Injury resulting from superficial injury to her head and neck
- Fracture to her Clavicle (2002)
- Multiple Sprains to her Infraspinatus tendon in her shoulder
- Thoracic Sprain to her Upper Back
- Large laceration to her forearm including tendon & ligament damage from a knife
- Anxiety from Domestic Violence
- Depression
- Cognitive impairment from Traumatic Brain Injury .
- Sexual Abuse

Considering all the above and the fact that Anna has been off work since the 09/2017 and placed onto ACC compensation.

The ongoing treatment required for her multiple injuries & illnesses as well as her need to seek ongoing counselling makes her highly unlikely she will return to the work force be it due to either issues arising from her PTSD & Anxiety from her Assault or from the domestic violence and Sexual abuse causing her to have great difficulties interacting with the general public or social setting to her Cognitive impairment affecting her short and long term memory and overall general cognitive functions including ability to focus/concentrate or her high likelihood of possible further aggravation or re injury of her Back or shoulder from simple repetitive tasks associated with any role of employment to just the general stress of employment.

ProMed Doctors
115 Sherborne St, Edgeware, Christchurch 8014
Phone 379 1112 Fax 379 1113

It is therefore in my opinion with all the information I have available plus consulting with Anna and reviewing her file mean it is almost certain she will not return to the workforce and therefore I support her application for early withdrawal of her Kiwi Saver due to medical reasons.

Please also find attached Anna's Schedule of Claimant Injuries from ACC outlining her current claims and injuries.



Dr Victoria Flight

Date Generated: 17/06/2021

Schedule of Claimant Injuries

Claimant Name: Anna Steedman

Claimant Number: R2086368

Claimant Address: 95 Berketts Road
RD8
Rolleston
Christchurch
7678
New Zealand

Claim Number	Cover Status	Accident Date	Injury Description	Injury Side
92578215	Accept	01/09/1990	Mental Injury (Replaced by 34/35); Abdomen/pelvis	Not Applicable
R2086368001	Accept	01/11/1990	Other – unspecified	Not Applicable
R2086368001	Accept	01/11/1990	Other – unspecified	
R2086437002	Decline	09/08/1995	Other – unspecified	Not Applicable
R2086368002	Accept	30/03/2002	Fracture of clavicle, unspecified part; Shoulder (incl Clavicle/blade)	Not Applicable
R2086368330	Accept	15/08/2004	Sprain, infraspinatus tendon; Shoulder (incl Clavicle/blade)	Right

Date Generated: 17/06/2021

Schedule of Claimant Injuries

Claimant Name: Anna Steedman

Claimant Number: R2086368

Claimant Address: 95 Berketts Road
RD8
Rolleston
Christchurch
7678
New Zealand

Claim Number	Cover Status	Accident Date	Injury Description	Injury Side
R2086368330	Accept	15/08/2004	Thoracic sprain; Upper Back/spine	Right
10003911927	Duplicate	12/05/2008	Other – unspecified	Not Applicable
10013766131	Accept	02/09/2010	Open wound of face	Not Applicable
10017312969	Decline	19/09/2011	Bronchial asthma	Not Applicable,
10027163411	Accept	26/04/2014	Sprain of shoulder and upper arm	Right
10033687227	Accept	19/12/2015	Open wound of other parts of forearm	Right

Claimant Address: 95 Berketts Road

**RD8
Rolleston
Christchurch
7678
New Zealand**

Claim Number	Cover Status	Accident Date	Injury Description	Injury Side
10033687227	Accept	19/12/2015	Closed fracture of rib(s) NOS	Not Applicable
10033687227	Accept	19/12/2015	Other post-traumatic stress disorder	Not Applicable
10041082519	Accept	05/09/2017	Contusion of ankle	Right
10041082519,	Accept	05/09/2017	Superficial injuries involving head with neck	Right
10041082519	Accept	05/09/2017	Contusion of knee	Right
10041082519	Accept	05/09/2017	Contusion of knee	Left

Customer number: 12271006
Account number: 51130593
Statement/Tax Invoice number: 637351913
24 May 2021

Meridian Energy Limited
PO Box 2128, Christchurch 8140
business@meridianenergy.co.nz
0800 496 777
Mon-Fri 8.00am - 6.00pm
0800 496 596 (faults)
GST No: 71-117-065
meridian.co.nz



Meridian.

Ms Anna Steedman
95 Berketts Rd
Rolleston
CHRISTCHURCH 7678

I certify that this document is a true and correct copy of the original, which I have sighted, and that it represents the identity and a true likeness of the person named:

Name: CHRIS NOLAN

Occupation: LAWYER

Place: CHRISTCHURCH

Date: 25.6.21

\$238.78

Page 1 of 2

Your site meter reading is estimated this month.

You used 39 units.

To help ensure your bills are paid on time, we recommend paying by Direct Debit.



Note: If paying by credit card a processing fee of 0.8% will be applied to your payment and appear on your next invoice.

How we worked out your bill

Amount due on your last bill	\$302.53
Opening balance	\$302.53
Current charges this bill	\$22.36
Total amount due	\$238.78
Amount due by 8 June 2021	\$238.78

GST on your current charges is \$2.92

Payment Slip

You can pay electronically to our bank account:
03-0502-0233680-07.

Please include your name and your account number.



Bill date	24 May 2021
Account number	51130593
Invoice number	637351913
Total amount due	\$238.78

4535: 000051130593: 000000000000: 0000023878:



Riccarton Branch
Westfield Riccarton
PO Box 8095
Riccarton
Christchurch 8440
Phone: 0800 400 600
Fax: (03) 343 8471

13 May 2021

Ms A J Steedman
95 Berketts Road
RD 8
Christchurch 7678

I certify that this document is a true and correct copy of
the original, which I have sighted, and that it represents
the identity and a true likeness of the person named:

Name: K. Briston

Occupation: Deputy Registrar

Place: Christchurch D.C

Date: 24.5.21

Westpac Everyday

Account name: **Steedman Anna Jean**

Account number: **03 0823 0085084-00**
Last summary date: **13 April 2021**
This summary date: **13 May 2021**
Summary number: **30**

Your transactions

				OPENING BALANCE	\$989.28	
DATE	TYPE	NAME OF OTHER PARTY	TRANSACTION PARTICULARS	MONEY OUT \$	MONEY IN \$	BALANCE \$
14 Apr	BP	2 Degrees Mobile	996494267556 One Time PMT 17:31-49412	10.00		
14 Apr	PS	M&M Takeaways	***** 7587 04482	15.00		
14 Apr	BP	Envoy Services NZ	996494247652 One Time PMT 13:39-27664	20.00		
14 Apr	PS	Four Square Cheviot	***** 7587 01609	20.94		
14 Apr	PS	Four Square Cheviot	***** 7587 01504	35.65		
14 Apr	BP	5130Robyn	WBC Internet Bill Payment 12:55-27438	430.00		457.69
15 Apr	BP	V L Duff			5,000.00	
15 Apr	PS	Sue's Takeaway and C	***** 7587 01885	4.50		
15 Apr	BP	Envoy Services NZ	996494362140 One Time PMT 15:43-29582	10.00		
15 Apr	BP	Envoy Services NZ	996494387408 One Time PMT 20:32-39029	20.00		
15 Apr	BP	Envoy Services NZ	996494365434 One Time PMT 16:24-30779	20.00		
15 Apr	BP	Envoy Services NZ	996494361244 One Time PMT 15:30-86458	20.00		
15 Apr	BP	Envoy Services NZ	996494353381 One Time PMT 13:46-66734	20.00		
15 Apr	PS	NPD Islington	***** 7587 29543	50.55		

continued on next page

CR Credit
PS Eftpos

OD Overdrawn

AT Automatic teller machine

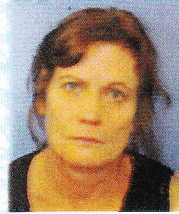
BP Bill Payment

DC Direct credit



NEW ZEALAND DRIVER LICENCE
DRIVER IDENTITY INFORMATION

LEARNER



Surname
STEEDMAN
First Names
**ANNA
JEAN**

Date of birth **20-07-1975**
Licence **BS596145**

Version **787**

A Steedman

Address



CERTIFIED TRUE COPY OF A DOCUMENT
PRESENTED TO ME AS AN ORIGINAL

Signed

Date

25.6.21

I certify that this document is a true and correct copy of
the original, which I have sighted, and that it represents
the identity and a true likeness of the person named:

Name: CHRIS NOLAN

Occupation: LAWYER


Place: CHRISTCHURCH

Date: 25.6.21

CONDITIONS

C/E

NEW ZEALAND DRIVER LICENCE
DRIVING ENTITLEMENT INFORMATION

CLASS / ENDO	ISSUED	EXPIRES
1L 	12-11-1992	25-08-2022

CERTIFIED TRUE COPY OF A DOCUMENT
PRESENTED TO ME AS AN ORIGINAL
Signed _____
Date 25.6.21



I certify that this document is a true and correct copy of
the original, which I have sighted, and that it represents
the identity and a true likeness of the person named:

Name: CHRIS NOLAN

Occupation: LAWYER

Place: CHRISTCHURCH

Date: 25.6.21