

# Aurora KiwiSaver Scheme Significant Financial Hardship Withdrawal Application

## 1. INTRODUCTION AND STEPS TO APPLY

Use this form to apply for an early withdrawal of some of your KiwiSaver funds if you are experiencing, or are likely to experience, significant financial hardship.

Significant Financial hardship includes circumstances where you are unable to:

- a. pay for basic living costs
- b. make mortgage payments, with lender enforcement
- c. pay for home modifications needed for special needs
- d. pay for medical expenses for yourself or a dependent
- e. pay for funeral expenses for a dependent

Prior to applying for a significant financial hardship withdrawal, you'll need to have contacted <u>Work and Income</u>, your bank and other financial institutions you deal with for assistance, and be able to show you have been declined any assistance.

# STEPS TO APPLY

- Read through each section carefully and complete all required fields, including the Statutory Declaration.
- Please complete the <u>budget sheet</u>.

## 2. RETURN INSTRUCTIONS

- You must submit your application, along with all required supporting documents.
- For faster processing times please return via email. Where not possible please return via post at the address below.

### **EMAIL RETURN**

Please scan this application and all supporting documentation and email them to us at hardship@aurora.co.nz; OR

## **POSTAL RETURN**

Please send this application and any supporting documentation to: Aurora Capital, PO Box 606, Christchurch, 8140.

If you would like help in completing this form, please email hardship@aurora.co.nz or phone us on 0800 242 023.

Before returning this application	on, please ensure that:		
You have answered all que	•		
You have completed the b			
		has been witnessed l	by a person authorised to take
Statutory Declarations.			
You have provided a corre address.	ctly certified and dated ph	otocopy of identifica	tion and proof of residential
	equirements you must mee al is subject to the Supervis	•	or this withdrawal and that final s.
You have provided eviden	ce of bank account Name a	and Number.	
You have confirmed your L	iving Arrangements.		
You have provided Proof o	of Income.		
You have provided bank st if applicable; individual an		nths for all accounts in	n your and your partner's name
You have provided overdu	e bills and evidence of arre		cards, credit cards, personal
idans, cai idans, finance co	ompany loans other overdu	ie accounts).	
If applicable, you must also su	pply the following docume	ents that apply:	
Quote for a car.			
Quote for any necessary h	ome modifications.		
Quote or invoice and a me	dical report for any medica	al expenses.	
4. YOUR DETAILS			
	Name	Middle	Name
	Name	Middle	Name
	Name	Middle	Name
Title First	Name	Middle	Name
Title First	Name		Name
Title First Surname	Name		
Title First  Surname  Residential Address			burb
Title First Surname	Name		
Title First  Surname  Residential Address  City	Country		burb
Title First  Surname  Residential Address			burb
Title First  Surname  Residential Address  City	Country		burb
Title First  Surname  Residential Address  City	Country		burb
Title First  Surname  Residential Address  City  Date of Birth	Country		burb
Title First  Surname  Residential Address  City  Date of Birth	Country		burb  Postcode
Title First  Surname  Residential Address  City  Date of Birth  Email	Country	Su	burb  Postcode

Please go to <a href="https://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate">https://www.ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate</a> to work out your PIR, however if you have been residing outside of New Zealand for more than 325 days you will be a non-resident for tax purposes and the PIR of 28% will apply.

# If approved, how much would you like to withdraw from your Aurora KiwiSaver account? IF APPROVED, WHERE WOULD YOU LIKE YOUR WITHDRAWAL AMOUNT TO BE PAID? The Manager will adjust your withdrawal amount for any tax liability and expenses arising as a result of the withdrawal request. New Zealand Bank Account Name New Zealand Account Details

# 6. PRIVACY STATEMENT

5. WITHDRAWAL DETAILS

By completing this form I acknowledge that the Privacy Act 2020 gives me the right to access and correct personal information held by Aurora Capital Limited (including the Manager, associated entities and agents) and the Supervisor. I agree that the information in this withdrawal form, and any information provided by me at any later date, may be used to administer my Aurora KiwiSaver Scheme membership.

I consent to and authorise the release of, at any time, to the manager and/or supervisor, the completed application form and information I provided in support of my application.

# 7. STATUTORY DECLARATION

(A solicitor, Justice of the Peace or Notary Public can take this statutory declaration for you).

I, Full Name (first name, mid	ddle name, surname)
Address	
Suburb	City
Country	Postcode
Occupation	

do solemnly and sincerely declare and agree that:

- I am experiencing or likely to experience Significant Financial Hardship as defined in the KiwiSaver Act 2006, and I am applying to the Supervisor for an early withdrawal from my Aurora KiwiSaver account.
- I confirm that I have explored and exhausted reasonable alternative sources of funding and their limits.
- I understand that acceptance of this application is at the discretion of the Supervisor.
- I understand that the Manager and Supervisor will not be able to complete its assessment of this application if the information given is incomplete or incorrect and I understand that the Manager and Supervisor may request additional information from me relating to this application. The Manager and Supervisor might need to seek and obtain information that is held by any other person or organisation that the Manager and Supervisor considers appropriate for the purpose of checking the information in, and to assist in assessing, this application, and I authorise any person holding information relevant to this application to disclose it to the Manager and Supervisor on request.
- I understand that the Supervisor may decide that the amount withdrawn be limited to a specific amount, that in the Supervisor's opinion, is required to remedy the particular financial hardship.

- I authorise the Manager and the Supervisor to contact any of my former KiwiSaver scheme provider(s) and/or Supervisor(s) and authorise the same to disclose and/or provide any information requested in so far as it relates to any previous claims I have made under a significant financial hardship application.
- I understand that my withdrawal value may 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 KiwiSaver account.
- The information given in this form and to support my application is complete, true and correct.

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

## Person making the declaration

Your Signature	
Declared at (place)	
Date	

Person taking the declaration
Before me
Name
Occupation
Address
Signature

# 8. IDENTITY VERIFICATION

TO VERIFY YOUR IDENTITY, we need a certified copy of:
Your current passport showing your name, date of birth, photo and signature; or
Your New Zealand Firearms Licence; or
Your Birth Certificate AND one of the following:
both sides of your 18+ card; or
both sides of your current New Zealand driver licence; or
both sides of a NZ bank credit, debit or Eftpos card containing your name, signature and expiry; OR
Both sides of your New Zealand driver licence AND one of the following:
a recent (dated within the last 12 months) bank statement; or
a recent (dated within the last 12 months) statement from a government agency; or
both sides of a NZ bank credit, debit or Eftpos card containing your name, signature and expiry.
TO VERIFY YOUR ADDRESS, we need a certified copy of:
a recent (dated within the last 12 months) bank statement; or
a recent (dated within the last 12 months) utility bill showing your name and residential address; or
a recent (dated within the last 12 months) letter from a Government Agency.
PLEASE DO NOT POST ORIGINAL IDENTITY DOCUMENTS

## **CERTIFICATION OF DOCUMENTS**

- Certification of documents must have been completed in the 3 months preceding presentation of the certified documents.
- Each photocopy must be certified by one of the following referee types: a Justice of the Peace, a Solicitor of a High Court, or a Notary Public.
- The certified document/s must state:
  - For photo ID "The document is a true and correct copy of the original which has been sighted and it represents a true likeness of the person presenting the document."
  - For address and non photo ID "The document is a true and correct copy of the original document."