



# SERIOUS ILLNESS WITHDRAWAL APPLICATION FORM

Please complete and return to Whai Rawa, PO Box 13046, Christchurch OR scan and email to: whairawa@ngaitahu.iwi.nz

## Guide to Completing the Application

Withdrawal applications in the case of Serious Illness may be approved by the Manager (Whai Rawa Fund Limited) where a Member has suffered an injury, illness or disability that:

- a. results in the Member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training or any combination of those things; OR
- b. poses a serious and imminent risk of death.

### FOR ASSISTANCE WITH COMPLETING THIS FORM, PLEASE GO TO:

**W** whairawa.com  
**P** 0800 942 472

Please note processing of request will normally take up to ten working days from receipt of completed application.

## 1. DETAILS OF ACCOUNT OWNER

TITLE	FIRST NAMES	LAST NAME
PHYSICAL ADDRESS <small>PO BOX ADDRESSES CANNOT BE VERIFIED</small>		
COUNTRY (CURRENTLY LIVING IN)		POST CODE
EMAIL		
HOME PHONE	WORK PHONE	MOBILE
DATE OF BIRTH	PLACE OF BIRTH	MOTHER'S MAIDEN NAME
YOUR SIX DIGIT WHAI RAWA NUMBER (IF KNOWN)	<input type="checkbox"/> PLEASE ATTACH A COPY OF YOUR PHOTO IDENTIFICATION (E.G. DRIVER'S LICENCE OR PASSPORT, ETC.)	<input type="checkbox"/> PLEASE ATTACH A COPY OF YOUR PROOF OF ADDRESS DATED WITHIN THE LAST 12 MONTHS (E.G. A BANK STATEMENT OR UTILITY BILL)
Are you currently an undischarged bankrupt or subject to bankruptcy proceedings? Please note if you are an undischarged bankrupt, the Official Assignee will need to authorise any application being made. Please talk to them before proceeding with this application.		
		<input type="checkbox"/> YES <input type="checkbox"/> NO

TAX INFORMATION (Please complete all fields in this section; IRD (or overseas equivalent), PIR and RSCT details)  
If you are not a New Zealand resident and provide a New Zealand IRD number, you are eligible for the 10.5% RSCT rate (see calculator below)

IRD NUMBER	OVERSEAS EQUIVALENT TAX NUMBER
<input type="checkbox"/> NZ Resident <small>(PLEASE CONFIRM YOUR PIR &amp; RSCT TAX RATES BELOW)</small>	<input type="checkbox"/> Non NZ Resident <small>(PLEASE CONFIRM YOUR RSCT TAX RATE BELOW)</small>

### CALCULATE YOUR PIR TAX RATE (PLEASE TICK ONE BOX)

Before you start, you will need to know your income for the last two tax years ending 31 March (including income from PIE investments). If you're unsure, you can contact your employer(s), your accountant, or Inland Revenue.

Are you a New Zealand tax resident?  YES  NO TICK ONE

**NO** → YOUR PIR IS 28%

**YES** → IN EITHER OF THE LAST TWO INCOME YEARS (ENDING 31 MARCH):

Was your taxable income \$14,000 or less (excluding income from PIEs); AND your total taxable income (plus PIE and non-PIE income) \$48,000 or less?  YES  NO

**YES** → YOUR PIR IS 10.5%

**NO** → Was your taxable income \$48,000 or less (excluding income from PIEs); AND your total taxable income (plus PIE and non-PIE income) \$70,000 or less?  YES  NO

**YES** → YOUR PIR IS 17.5%

**NO** → Was your taxable income \$48,000 or more; OR your total taxable income (plus PIE and non-PIE income) \$70,000 or more?  YES  NO

**YES** → YOUR PIR IS 28%

FOR HELP WITH THIS SECTION VISIT [WWW.WHAIRAWA.COM/TAX](http://WWW.WHAIRAWA.COM/TAX)  
IF YOU WOULD LIKE HELP WORKING OUT YOUR TAX RATES, GET IN TOUCH WITH US. FOR FURTHER INFORMATION, SEE THE 'OTHER MATERIAL INFORMATION' DOCUMENT ON THE SCHEME'S OFFERS REGISTER AT [WWW.DISCLOSE-REGISTER.COMPANIESOFFICE.GOVT.NZ](http://WWW.DISCLOSE-REGISTER.COMPANIESOFFICE.GOVT.NZ)

### CALCULATE YOUR RSCT TAX RATE (PLEASE TICK ONE BOX)

Are you a New Zealand tax resident?  YES  NO

**NO** → Have you provided a New Zealand IRD number?  YES  NO TICK ONE

**NO** → YOUR RSCT RATE IS 33%

**YES** → IN EITHER OF THE LAST TWO INCOME YEARS (ENDING 31 MARCH):

Was your taxable income \$14,000 or less?  YES  NO

**YES** → YOUR RSCT RATE IS 10.5%

**NO** → Was your taxable income \$48,000 or less?  YES  NO

**YES** → YOUR RSCT RATE IS 17.5%

**NO** → Was your taxable income \$70,000 or less?  YES  NO

**YES** → YOUR RSCT RATE IS 30%

**NO** → YOUR RSCT RATE IS 33%

TAXABLE INCOME INCLUDES, BUT NOT LIMITED TO, SALARY OR WAGES, RENTAL INCOME, INCOME FROM NON-PIE INVESTMENTS (EG BANK ACCOUNTS, TERM DEPOSITS, SHARES, BONDS, AND NON-PIE MANAGED FUNDS) AND INCOME EARNED OUTSIDE OF NEW ZEALAND. INCOME YEAR IS THE PERIOD FROM 1 APRIL TO 31 MARCH IN THE FOLLOWING YEAR.

## 2A. MEDICAL ISSUE AND DECLARATION

Please give the details of the injury, illness or disability that you are suffering from. Please also outline either:

- why this has resulted in you being totally and permanently unable to engage in work for which you are suited by reason of experience, education or training; OR
- why this poses a serious and imminent risk of death.


## 2B. DOCTOR'S CONFIDENTIAL CERTIFICATION OF SERIOUS ILLNESS (TO BE COMPLETED BY DOCTOR)

### PATIENT DETAILS

TITLE	FIRST NAMES	LAST NAME
PHYSICAL ADDRESS <small>PO BOX ADDRESSES CANNOT BE VERIFIED</small>		
COUNTRY	POST CODE	DATE OF BIRTH

### DOCTOR'S DETAILS

I, Dr.	NAME	
of	PRACTICE	
of	ADDRESS	
EMAIL		
HOME PHONE	WORK PHONE	MOBILE

### CERTIFY THAT

- I am a registered medical practitioner with the Medical Council of New Zealand.
- The above-named person is a patient of mine and I have recently given them a full medical examination.
- In my opinion, the patient has an: Injury;  Illness;  or Disability

that:

- results in them being totally and 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 patient's condition on the next page*):

Please attach any relevant supporting information or documentation.

## 2B. CONTINUED


SIGNED

DATE

PRACTICE STAMP

## 3. AMOUNT REQUESTED

ALL APPLICANTS ARE TO COMPLETE THIS SECTION

How much money are you requesting?  **OR** The full account balance of my Whai Rawa account

I have attached my pre-printed bank account details

### Verification of bank account details

To be able to make payment, the bank account should be in the Member's name (or other party where applicable) and proof of your account details must be supplied with this application i.e. copy of the top half of a bank statement or deposit slip. Alternatively, confirmation from the bank by email is acceptable.

## 4. DECLARATION

1. I confirm that I am requesting a withdrawal from my Whai Rawa account for the circumstances outlined above.
2. I confirm there is no additional information that I have not provided that may be relevant to this withdrawal request.
3. I confirm that if any of the information provided becomes incorrect or if I become aware of any other information that may be relevant to this request before payment of the withdrawal is made, I will immediately notify Whai Rawa.
4. I understand that the Prescribed Investor Rate (PIR) at which earnings are taxed and which are payable annually and when funds are withdrawn or transferred, is either 10.5%, 17.5% or 28% depending on my income.
5. I understand that tax may be overpaid or underpaid within Whai Rawa on my behalf if I have provided the wrong Prescribed Investor Rate (PIR), not updated my PIR when it needed to be changed, or not provided my correct IRD number. In the event of an underpayment of tax I will be obliged to pay the shortfall and additional tax (potential penalties and/or penalty interest) to IRD, and may have to file a tax return.
6. I authorise Whai Rawa to disclose to and to collect from any person, personal and financial information about me for the purposes of processing the withdrawal for which I have applied.
7. I authorise WRFL and their nominated agent to verify my identity using electronic identity checking and to carry out due diligence on me to satisfy WRFL's obligations under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, or for members domiciled in Australia, the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.
8. I understand that the personal information I have provided on this form will be used to update my personal record with Whai Rawa.
9. If I am signing this application on behalf of someone else (including as a legal representative), I confirm that I am lawfully able to provide the above declarations.
10. I confirm that all information provided in this form and any other information provided by me relating to this withdrawal request is true and correct.

## STATEMENT OF PERSONAL INFORMATION RIGHTS

This statement relates to information about you which you are providing on this application form to Mercer N.Z. Limited, as administrator of Whai Rawa ("Mercer"), Trustees Executors Limited, Whai Rawa Fund Limited, Te Rūnanga o Ngāi Tahu and any other person involved in the administration or management of Whai Rawa which from time to time may hold information about you now or in the future. Each recipient of personal information will ensure that the personal information it receives is held securely and will not disclose it to any other person, except for the purposes of administering or providing services in connection with Whai Rawa, the operations of Te Rūnanga o Ngāi Tahu and for any other purpose referred to in this statement which has been authorised by you or when required or authorised by law. The failure to provide the information sought may result in your application being declined. The Privacy Act 1993 gives you the right to access and request the correction of personal information held by the entities referred to above. The personal information will be used primarily to administer and provide services in connection with Whai Rawa, but may also be used to further the relationship between you and Te Rūnanga o Ngāi Tahu. This includes the provision of any products, services or information by Te Rūnanga o Ngāi Tahu which it considers may be of interest to you.

I FULL NAME OF APPLICANT

of ADDRESS

confirm I have read and understood the above declaration.

SIGNED

DATE

## CHECK LIST

Before returning this form, please make sure that you have completed all sections of this form and have attached documentation where applicable. Please complete the following checklist to ensure you have completed all relevant parts of the application. Any missing information will cause delays in processing your application.



**Section 1** is completed along with proof of identity and proof of address



**Section 2** is completed including your doctors declaration, practice stamp and additional evidence, if applicable



**Section 3** is completed with proof of your bank account details attached



**Section 4** is completed and you have read and signed the declaration

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