

Life-Shortening Congenital Condition Withdrawal Application Form

Whai Rawa NGĀI TAHU



For assistance with completing this form contact us on 0800 942 472.

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

HOW TO APPLY

Use this form to apply for a withdrawal from your Whai Rawa account if you are suffering from a Life-Shortening Congenital Condition (LSCC). A LSCC is a condition that exists for a person from the date of their birth and is likely to reduce the life expectancy for persons in general with the condition below age 65.

How to apply for a LSCC withdrawal:

- » Review our additional Enduring Power of Attorney (EPA) form and attach the EPA documentation specified within (if applicable).
- » Complete the member details on page 2.
- » Complete the declaration on page 3.
- » Ask your doctor to complete the doctor's declaration section of the form on page 4 and attach any supporting evidence.

If you want to apply for a withdrawal on the grounds of a LSCC you need to provide a completed version of this LSCC form and the additional personal information set out above so the Manager (Whai Rawa Fund Limited) of the Whai Rawa Unit Trust (the Scheme) can assess your information. If you don't provide the information requested, we may not be able to approve your withdrawal application.

WITHDRAWAL OPTIONS

- » Your withdrawal request may be a lump sum up to the total value of your account or a maximum of two withdrawals in each calendar year.
- » Each withdrawal must be of a minimum amount of \$500 or the total amount in your account, whichever is less.
- » You can also make a request for a regular withdrawal. A regular withdrawal request is considered one withdrawal, and each regular withdrawal instalment must be at least \$50 per month.

1. DETAILS OF ACCOUNT OWNER

TITLE	FIRST NAMES	LAST NAME
PHYSICAL ADDRESS PO BOX ADDRESSES CANNOT BE VERIFIED		
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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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)

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

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.

TICK ONE

Are you a New Zealand tax resident? 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 → 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 → 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 → YOUR PIR IS 28%

FOR HELP WITH THIS SECTION VISIT 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.GOV.TZ

CALCULATE YOUR RSCT TAX RATE (PLEASE TICK ONE BOX)

Are you a New Zealand tax resident? NO → Have you provided a New Zealand IRD number? YES ↓ 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 → YOUR RSCT RATE IS 10.5% NO ↓

Was your taxable income \$48,000 or less? YES → YOUR RSCT RATE IS 17.5% NO ↓

Was your taxable income \$70,000 or less? 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.

2. AMOUNT REQUESTED

I WOULD LIKE TO: Withdraw my full balance Withdraw a specified amount of \$

Set up a regular withdrawal of \$ monthly from the 20th day of each month following this withdrawal request

I would like to confirm my second LSCC withdrawal for the calendar year of \$ to be paid on this specific date:

Please note:

- » The minimum LSCC withdrawal is \$500. If your account balance is less than \$500 you are required to choose 'Withdraw my full balance'
- » You can only make two LSCC withdrawals per calendar year unless you set up a regular automatic withdrawal. Please contact us for more information regarding this.
- » A lump sum can be up to the total value of your account or a maximum of two LSCC withdrawals in each calendar year. Each LSCC withdrawal must be of a minimum amount of \$500 or the total amount in your account, whichever is less. You can also make a request for a regular withdrawal for payments on the 20th of each month*. A regular withdrawal request is considered one withdrawal, and each regular withdrawal instalment must be at least \$50 per month.

* E.g. Aroha decides she wants her two LSCC withdrawals for the year paid as follows: \$50 per month starting 20 January and \$500 on 1 December in time to prepare for a Meri Kirihimete with whānau.

3. PAYMENT DATE/S

Would you like the main payment transfer to take place:

As soon as possible **OR** On this specific date:

4. 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.

Please ensure proof of your bank account details are attached.

5. DECLARATION

1. I declare that I have a LSCC.
2. I understand I am only entitled to make two LSCC withdrawals in any calendar year.
3. 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 payment for which I have applied.
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 understand that Whai Rawa LSCC withdrawals may, if made on a regular basis, have some impact on any income tested benefits I may be in receipt of.
7. I confirm that: a) all information provided in this form and any other information provided by me relating to this withdrawal request is true and correct; b) there is no additional information that I have not provided that may be relevant to this withdrawal request; and c) I understand Whai Rawa Unit Trust is not liable for any damages relating to inaccurate information provided by myself.
8. I authorise Whai Rawa Fund Limited and their nominated agent to verify my identity using electronic identity checking (where necessary) and to carry out due diligence on me to satisfy Whai Rawa Fund Limited'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.
9. I understand that the personal information I have provided on this form will be used to update my personal record with Whai Rawa.
10. 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.
11. I confirm that all information provided in this form and any other information provided by me relating to this withdrawal request.

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 2020 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. For further information on your personal information rights, please review the statement of personal information rights in the Whai Rawa Fund Limited Product Disclosure Statement.

FULL NAME OF APPLICANT

I

ADDRESS

of

confirm I have read and understood the above declaration.

SIGNED

DATE

Please note: If you are unable to print this form, either add an electronic signature or type your full name.

6. DOCTOR'S CONFIDENTIAL CERTIFICATION OF LIFE-SHORTENING CONGENITAL CONDITION
(TO BE COMPLETED BY DOCTOR)

PATIENT DETAILS

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

DOCTOR'S DETAILS

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

CERTIFY THAT

1. I am a registered medical practitioner with the Medical Council of New Zealand or International equivalent.
2. The above-named person is a patient of mine and I confirm they have a Life-Shortening Congenital Condition.
3. In my opinion, the patient has a Life-Shortening Congenital Condition which:
 - Is identified as a Life-Shortening Congenital Condition (Down Syndrome, Cerebral Palsy, Huntington's Disease and Fetal Alcohol Spectrum Disorder); or
 - Is expected to reduce life expectancy below age 65 for the patient or for persons in general with the condition (a non-listed condition)

Signature of Doctor

SIGNED	DATE
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Doctor Stamp

7. LIFE-SHORTENING CONGENITAL CONDITION DECLARATION (TO BE COMPLETED BY DOCTOR)

Please provide details of the LSCC:

