

# AMP KiwiSaver Scheme

## Significant Financial Hardship Withdrawal (Hardship)

If you feel that you are suffering, or you are likely to suffer hardship and you have exhausted all other reasonable alternative sources of funds then you may be eligible for a hardship withdrawal from your KiwiSaver.

### You can apply if you are unable to:

- Pay for minimum living expenses such as power, water, and food bills.
- Pay mortgage/rental/board payments.
- Pay to modify your home to meet special needs if you or a dependent family member is disabled.
- Pay for medical treatment for you or a dependent family member because of illness, injury, or palliative care.
- Meet funeral costs as a dependent family member has died.

### How much are you eligible for?

You are only eligible to apply for your member and employer contributions excluding Government contributions.

If your application is approved, you'll receive an amount that, in the Supervisor's opinion, is required to relieve your hardship.

Generally, this covers any shortfall for your minimum living expenses for three months (13 weeks), plus an amount to pay any overdue bills or arrears based on the documentation you have provided.

### Who makes the final decision?

AMP is your KiwiSaver provider, and our role is to assess your application. However, it is the independent licensed Supervisor who makes the final decision, taking into account your individual circumstances and the requirements of the KiwiSaver Act.

### What should you do before applying?

- If you are unemployed - ask Work and Income New Zealand (WINZ) for assistance. We will be required to receive evidence that you have met with WINZ and confirmation from them of whether you are entitled to any funds from them.
- If you're an employee, once you've been a member of KiwiSaver for 12 months, you can choose to take a break from saving - this is called a savings suspension. To do this, please contact Inland Revenue on **0800 549 472**.
- If you need some help with your finances, there are free budget advisory services across New Zealand who can give advice. You must have exhausted all other reasonable alternative sources of funds before applying for a hardship withdrawal.

### What can be considered?



#### Minimum living expenses generally include:

- Basic food and groceries
- Mortgage/rent/board payments
- Loans and credit card repayments
- Utility bills (power, water, phone and internet)
- Basic transport costs
- Expenses in relation to any financial dependants.



#### A hardship withdrawal does not allow for:

- Credit card debt to be paid in full
- Fines or infringement notices to be paid in full
- Debt collection agency bills to be paid in full
- Hire purchase repayments relating to nonessential living expenses
- Holidays or travel

### How long does it take?



If you provide all of the information we need to assess your financial situation in the first step, we'll be able to give you an outcome in **15 business days**. If we have to ask for additional information, this will cause delays in the processing of your application.

Please send your completed application form and supporting documents to:  
**kiwisaver@amp.co.nz**  
 or  
**AMP KiwiSaver Scheme**  
 Freepost 170, PO Box 55  
 Shortland Street, Auckland 1140  
 If you have any questions, please **contact your Adviser** or call **Customer Services on 0800 267 5494.**

# KiwiSaver Significant Financial Hardship Withdrawal Application

- Complete this checklist and application form in full
- Collect and send us all of the documents in the checklist below

You must supply us with the following for you and any household members who contribute financially to the day-to-day running of your home (where applicable):

- You must complete all the sections of the form.
- Completed Statutory Declaration (page 8 of this form), certified copy of identification and certified proof of address documents (page 7 of this form) witnessed by any person who is authorised to take Statutory Declarations.
- Provide evidence of all overdue bills (**these must be less than 30 days old**). We need to be able to see the outstanding balance and your regular minimum payments if applicable.
  - Utility bills (power, water, phone and internet)
  - Store cards
  - Credit cards
  - Personal loans
  - Car loans
  - Finance company loans
  - Other overdue accounts
- Living arrangements - confirmation of the amount you currently owe and any arrangements for future payments:
  - If you're a homeowner, a letter from your mortgage provider
  - If you're renting/boarded, a tenancy agreement or page 4 of this application form completed by you and the person you pay rent/board to. Please note we must see evidence of these payments in your bank statements provided.
- Proof of wages or salary:
  - If you're employed, your last 3 payslips
  - If you've recently been made redundant, your redundancy letter and final payslip
  - If you're self-employed, a letter from your accountant confirming your drawings for the last 3 months or a screenshot of your inland revenue income summary for the last 3 months.
- If you are unemployed, you must provide a letter from WINZ confirming:
  - That they have declined your request for assistance or
  - A letter confirming the benefit entitlement you will be receiving

Please note down the bank account numbers for all accounts held in your and your partner's name (individual, joint and business accounts). **You must provide us with statements containing the daily transaction for the last 3 months of all of your bank accounts.**



**If your hardship application is to cover one of the following reasons, please also provide additional evidence to support your application:**



Transport - if you are applying as you are requiring a new car, please provide:

- 2 Quotes for a car valued at \$10,000 or less
- Explanation as to why the car is necessary
- Evidence that there is a lack of public transport in the areas between your work and home



Funeral Costs - if you are applying as you are unable to pay for funeral costs as a dependent family member has passed away, please provide:

- Copy of death certificate for the dependent family member who passed away
- Proof of your relationship to the dependent family member who passed away
- Invoices for the outstanding funeral cost (if the invoice is in the name of another family member, please also provide a signed letter from them confirming how much you are required to pay towards the outstanding invoice)



Moving house - if you are applying as you are required to relocate, please provide:

- 2 Ads for the rental properties to suit your current family requirements
- An explanation as to why you are required to move
- Confirmation from your current landlord/head tenant that you are required to relocate
- Evidence of the cost of moving and bond required

By completing this application form you consent to and authorise the release of, at any time, to the manager and/or Supervisor, all personal information held by any person or organisation that the manager and/or Supervisor considers appropriate for the purpose of checking information provided by you in support of your application.

\*These sections must be completed.

### (a) \*Reason for applying

Please tick the box which applies to you.

- Unable to pay for minimum living expenses such as power, water, and food bills;
- Unable to pay mortgage/rental/board payments;
- Unable to pay to modify your home to meet special needs if you or a dependent family member is disabled;
- Unable to pay for medical treatment if you or a dependent family member becomes ill, has an injury, or requires palliative care;
- Incurred funeral costs as a dependent family member has died.

If you feel you are suffering (or likely to suffer) from hardship for any other reason, please explain your circumstances below:


### (b) \*Your household information

Title  Mr  Mrs  Ms  Miss  Mx  Dr  Other  Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First names  Surname

\*Member number: 

K									
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 IRD number (if you have an 8 digit IRD# leave the first box blank) 

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 Are you employed?  Yes  No

Prescribed Investor Rate (PIR)  10.5%  17.5%  28% PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If your PIR details have changed, please advise your new PIR. To help determine your PIR, go to [amp.co.nz/PIE](http://amp.co.nz/PIE) or [ird.govt.nz](http://ird.govt.nz). If a PIR is not selected and has not been previously selected, or you supply an incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instruct AMP to apply a different PIR.

Personal email address

Please provide at least one contact phone number  
Home phone  ( ) Work phone  ( ) Mobile phone  ( )

Residential address   
 Postcode

### About your partner and/or dependants

Name	Age	Relationship to you	Are they employed?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you need more room to explain your circumstances, or to add family members details please continue on a blank sheet and include this in your application. Any information missing from your application will cause delays.

**(c) \*Your living arrangements**

Please tick the box which applies to you.

I am able to provide evidence of my living arrangements e.g. mortgage documents, tenancy agreement, banks statements with clear regular electronic payments for accommodation – go to section **(d) OR**

I have no formal agreement and I pay for my accommodations in cash – complete the rest of section (c) below before continuing

Briefly explain your living situation:


Details of the person you pay rent/board to:

Full Name

Phone

Email

Address of accommodation

1. The rent/board/accommodation amount is

2. The outstanding rent/board arrears are

3. The occupant pays  per week towards the cost of food and utilities.

**Please have the person collecting your rent/board sign below.**

**Signature of Landlord/Property Owner/Named Tenant**

Date  

D	D	M	M	Y	Y	Y	Y
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**(d) \*If your application is approved, where would you like your withdrawal amount to be paid?**

Account name

Account number

 -  -  - 

Bank account evidence - please provide either:  Pre-encoded deposit slip; or

Certified true copy of a bank statement  
(initialled and dated by the person taking your statutory  
declaration)

**(e) \*What is your total weekly household income?**

In this section you need to tell us about the money you and your household have coming in each week. These amounts need to be reflected in your bank statements or we need corresponding evidence to support the amounts confirmed. The more information we have, the better we'll be able to assess your individual circumstances. Please ensure you have provided 3 months worth of bank statements.

**If we need to ask you for further information, this will delay the processing of your application.**

You:		Your partner:	
Salary/wages	\$ <input type="text"/>	Salary/wages	\$ <input type="text"/>
Commission	\$ <input type="text"/>	Commission	\$ <input type="text"/>
Self-employed income	\$ <input type="text"/>	Self-employed income	\$ <input type="text"/>
Pension/superannuation	\$ <input type="text"/>	Pension/superannuation	\$ <input type="text"/>
Benefit (WINZ + IRD)	\$ <input type="text"/>	Benefit (WINZ + IRD)	\$ <input type="text"/>
Child support	\$ <input type="text"/>	Child support	\$ <input type="text"/>
ACC	\$ <input type="text"/>	ACC	\$ <input type="text"/>
Rental/board income	\$ <input type="text"/>	Rental/board income	\$ <input type="text"/>
Interest/dividends	\$ <input type="text"/>	Interest/dividends	\$ <input type="text"/>
Other	\$ <input type="text"/>	Other	\$ <input type="text"/>

**(f) \*What is your total weekly household expenditure?**

In this section please tell us about the amounts you and your household are spending each week, as well as any arrears that you owe as a result of missed repayments. The more information we have, the better we'll be able to assess your circumstances and avoid coming back to you requesting further information.

**You'll need to provide evidence which is less than 30 days old for all of the payments you list below.**

**Expenditure per week:** Record how much you and your partner pay per week towards your expenses and debts.

**Arrears/Payment Due:** Record and provide evidence of any overdue amounts from any missed payments (e.g. overdue phone/power bills, mortgage/rent arrears etc.).

	Expenditure per week	Arrears/Payment Due
Mortgage/rent/board	\$ <input type="text"/>	\$ <input type="text"/>
Land rates (provide latest bill)	\$ <input type="text"/>	\$ <input type="text"/>
Water bill (provide latest bill)	\$ <input type="text"/>	\$ <input type="text"/>
Electricity bill (provide latest bill)	\$ <input type="text"/>	\$ <input type="text"/>
Gas bill (provide latest bill)	\$ <input type="text"/>	\$ <input type="text"/>
Phone bill (provide latest bill)	\$ <input type="text"/>	\$ <input type="text"/>
Internet bill (provide latest bill)	\$ <input type="text"/>	\$ <input type="text"/>
Car maintenance	\$ <input type="text"/>	\$ <input type="text"/>
Child Support	\$ <input type="text"/>	\$ <input type="text"/>
Children's school education	\$ <input type="text"/>	\$ <input type="text"/>
Childcare	\$ <input type="text"/>	\$ <input type="text"/>

Remember to include evidence of your household expenditure with your application. **We use industry provided standard costs for essentials such as food, transportation, water, clothing and medical expenses.**

**(g) \*What debts do you have (what do you owe)?**

**In this section you need to tell us about the debts you and your household have, including the balance that you owe, how much you pay per week, and any arrears that you owe.**

**You'll need to provide evidence which is less than 30 days old for all of the items you list below.**

It's important to note that the following cannot be considered under Significant Financial Hardship:

- Full repayment of credit cards, loans, debts or court fines (only minimum monthly payment due/arrears will be considered)
- Full repayment of overdrafts (only the balance that exceeds the overdraft limit will be considered)
- Mortgage repayments or expenses related to investment properties
- Holidays or non-essential travel
- Expenses or debts not in your or your partner's name

	<b>Provider</b>	<b>Paying per week</b>	<b>Arrears/Payment Due</b>
Credit card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Credit card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Credit card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Store card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Store card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Store card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Hire purchase	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Hire purchase	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Hire purchase	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Finance company	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Finance company	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Finance company	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

	<b>Provider</b>	<b>Overdraft Limit</b>	<b>Amount Over Limit</b>
Bank overdraft	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bank overdraft	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bank overdraft	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Remember to include evidence of your debts with your application. Any information missing from your application will cause delays.

## (h) \*Your identity documents

### Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

**Option 1**  ONE document from this section:

<input type="checkbox"/> NZ passport (identity page)	<input type="checkbox"/> NZ firearms license
<input type="checkbox"/> Overseas passport (identity page and proof of your NZ residency/citizenship)	<input type="checkbox"/> NZ certificate of identity

OR

**Option 2**  NZ driver licence **plus** ONE of the following:

<input type="checkbox"/> Super Gold card
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months

OR

**Option 3**  18+ identity or Kiwi Access card **plus** ONE of the following:

<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

### Proof of address

Please provide one of the documents below as proof of your **residential address**. The document must be **addressed to you**, and dated within the **last six months**.

- Letter or invoice from utility company (eg electricity, gas, phone, Sky TV)
- Bank statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

### IMPORTANT:

1. If you have provided certified identity documents and proof address to AMP after 30 June 2013 (and you are using the same bank account) you don't need to provide them again.
2. Please attach only certified copies of the original documents this form which is initialled and dated by the person taking your declaration.
3. If you are providing previously certified identity document please ensure the documents have been certified **not more than three months prior**.

- I would like AMP to electronically verify my identity where possible if there are any issues with the certification of my identification documents provided.

Please see section (i) **Statutory declaration** on the next page.

Example of a correctly certified document below and Statutory declaration is on following page.



I, Jane Doe

certify this to be a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification.

Dated the 26th day of August 2019

Jane Doe

Solicitor of the High Court

(i) \*Statutory declaration

Who can witness me making the declaration and certify my documents?

In New Zealand

- Justice of the Peace visit [justiceofthepeace.org.nz](http://justiceofthepeace.org.nz) or Yellow Pages [yellow.co.nz](http://yellow.co.nz) to find one near you
- New Zealand Solicitor
- Notary Public
- Registry of Deputy Registrar of the High Court or of any District Court

In a Commonwealth country

- Judge
- Commissioner of Oaths
- Notary Public
- Justice of the Peace
- Any person authorised by the law of that country to administer an oath there for the purpose of a judicial proceeding
- Commonwealth representative

In a non-Commonwealth country

- Commonwealth representative
- Judge
- Notary Public

I (full name of member)

B L O C K L E T T E R S

of (address)

B L O C K L E T T E R S

B L O C K L E T T E R S

Occupation

B L O C K L E T T E R S

I solemnly and sincerely declare that all the information provided in or with this withdrawal application is true and correct and that:

1. I am a member of the AMP KiwiSaver Scheme;
2. I am applying to the Supervisor for a withdrawal from my AMP KiwiSaver Scheme account as detailed in this application;
3. I am experiencing or likely to experience significant financial hardship for one or more of the reasons as indicated in section (a) on page 4;
4. I confirm that I have explored and exhausted all reasonable alternatives of funding to relieve my significant financial hardship including borrowing money;
5. The information provided in this application, including the Statement of Financial Position and any attachments, is complete and true and correct;
6. I understand that acceptance of the application is at the discretion of the Supervisor and that fees may apply;
7. I understand that AMP and/or the Supervisor may request additional information from me relating to this application;
8. I am aware that if the Supervisor accepts my application, the Supervisor may limit the amount that I am able to withdraw to an amount that in its opinion is required to alleviate my financial hardship;
9. I acknowledge that I have rights of access to, and correction of, the information held by AMP or the Supervisor of the AMP KiwiSaver Scheme subject to the provisions of the Privacy Act 1993 and amending legislation. I understand that the information supplied by me with this application and any other information provided in connection with my membership or my account, either by me, my employer, the Inland Revenue or any other party, will be used by AMP and the Administration Manager and/or any parties related to them to verify my identity, process this application and to administer my membership, and to operate, the AMP KiwiSaver Scheme and may be disclosed for these purposes to other parties where relevant, including the Supervisor, the Financial Markets Authority, the Inland Revenue, my employer, an adviser or other intermediary or to any other party as required. I also understand that these parties may share and disclose information to each other and any other parties for the purpose of administering my membership, and to operate, the AMP KiwiSaver Scheme. The information may also be used by AMP or third parties to offer me other products or services made available by the AMP group, and for market research purposes. I can access and if required correct my personal information by contacting AMP. I authorise AMP and/or the Supervisor to obtain additional information in relation to this application from any third party/entity;
10. I confirm that I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this application and that no other person has any claim against it;
11. I indemnify the Supervisor, AMP and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of my membership of the AMP KiwiSaver Scheme and/or any withdrawal payment made.

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

Declared at (place)

[Text box for declared at place]

Member's signature

[Text box for member's signature with "SIGN HERE" watermark]

Before me, authorised person to take a statutory declaration (as listed above):

Full name, title/office of person taking declaration [Text box]

of city (where signing) [Text box] Occupation [Text box]

- I have sighted, **initialled and dated** today the original of each document identified in section (h) above verifying the identity and address of the person named in section (b) of this form. I confirm that the documents attached to this statement are true copies of those documents and that the documents provided represent the identity of the person named in section (b) of this form.
- **I do not live at the same address and I am not related to** the person named in section (b) or their spouse or partner, or a person that lives at the same address.

Signature of person authorised to take declaration

[Text box for signature of authorised person with "SIGN HERE" watermark]

Date

D D M M Y Y Y Y

If the person above has not been able to certify your identity documentation, please refer to and complete the Identity verification - Individual form available at [amp.co.nz](http://amp.co.nz).