

Aurora KiwiSaver Scheme Serious Illness Form

Aurora Clients

If you are currently an Aurora client, please provide your Aurora Member Number below (if you do not know what this is, please contact us on 0508 287 672 and we can address this with you). As an Aurora client, you do not need to complete the Personal Details section of this application form.

Member Number:

Personal Details

Title (please tick): Mr Mrs Miss Ms Dr Other

First and Middle Name(s)

Surname

Date of Birth: / / Gender: Male / Female / Other

Email Address Phone Number

Residential Address (not a PO Box):
Number Street Suburb

City Postcode Country

Postal Address (if different from Residential)

IRD Number

If approved, where would you like your withdrawal amount to be paid?

Bank Account

How much do you need to withdraw? (Please pick ONE of the options below)

All available funds **OR** Specified amount:

Residency Overseas

To ensure that the correct Government Contribution payments have been made to your account, please tick the statement that applies and, if relevant, provide any periods you have lived outside of New Zealand since you have joined KiwiSaver (Travel/Holiday Periods not required)

During my KiwiSaver membership, my principal place of residence was New Zealand.

During my KiwiSaver membership, there were periods where my principal place of residence was not New Zealand (Travel/Holiday Periods not required). These periods were:

Departed from New Zealand

Returned to New Zealand

Doctor's Declaration of Serious Illness (*complete all fields*)

Patient

First Name(s)

Surname

Address

Town/City

Doctor

I, Doctor

of (Address)

Phone

Mobile

Email Address

Certify that:

I am a registered medical practitioner with the Medical Council of New Zealand.

The above named is the patient of mine, and was seen by me on

In my opinion, the above named has an injury, illness, or disability which:

Results in them being totally and permanently unable to engage in work they are suited for (because of experience, or training, or a combination of both)

OR

Poses a serious and imminent risk of death

I form this opinion based on *(please give a detailed description and attach any supporting evidence)*:

Please note the Supervisor of the Scheme may wish to seek further medical evidence from you or another party to consider the member's application.

Signature of Doctor

Date

 / /

Work Details

On / /

I was diagnosed with/suffered from (nature of injury or disability) as evidenced by the attached doctor's declaration above and the supporting evidence. As a result of my illness/injury/disability, I am totally and permanently unable to engage in any work for which I am suited by reason of experience, education or training.

I stopped working on (date)

 / /

Statutory Declarations

Who can witness me making declaration:

- Notary Public
- Justice of the Peace
- Registrar or Deputy Registrar of the Supreme Court, High Court, a District Court or Court of Appeal

I, (Full Name of the person making the declaration)

of (Residential Address)

Postcode

and (Occupation)

do solemnly and sincerely declare that the information provided by me in this form is true and correct AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declaration act 1957.

Signature (of person making the declaration)

Date signed

Signature (of person witnessing the declaration)

(Please include your registration details)

Date signed

Insert stamp here

Identity Verification

You do not need to complete the identity verification if you are currently an Aurora Client and have completed the AML process with us before.

To verify your identity, we need a certified copy of a document from one of the options below. Please attach copies of the requested document (please circle which documents you are providing). If you cannot provide a document from option 1, then provide documents from option 2 or 3.

If you are unable to provide a certified copy of your identification or residential address as outlined above, contact us on **0508 287 672** or email **hello@aurora.co.nz**. If you are posting us a copy of your identification, the copy must be recently certified (in the previous three months) as a true copy of the original which represents your identity by a Solicitor, a Justice of the Peace or a Notary Public.

OPTION 1: EITHER your current passport (showing NZ residency if applicable) OR your current Firearms Licence **OR**;

OPTION 2: Your birth certificate **AND ONE** of the following:
BOTH SIDES of your 18+ card **OR** Kiwi Access card; **OR BOTH SIDES** of your current New Zealand Driver Licence **OR**;

OPTION 3: **BOTH SIDES** of your current New Zealand Driver Licence **AND ONE** of the following:
BOTH SIDES of a bank credit, debit or Eftpos card containing your name; **OR** a recent bank statement;
OR a recent statement from a government agency (i.e. dated within the past 12 months).
For applicants under 18, please also provide a certified copy of a birth certificate (if it has not already been provided). All parents/guardians who sign this form on behalf of an applicant under 18 must also provide their certified identification and certified proof of residential address.

To verify your address, we need a certified copy of a: recent bank statement (i.e. dated within the past 12 months) **OR** recent utility bill showing your name and residential address. For applicants under 18, please provide a certified copy of your parents/guardians residential address.

PLEASE DO NOT POST ORIGINAL IDENTITY DOCUMENTS