

Please return this completed form together with the completed Identity and Address Verification form to [superlife@superlife.co.nz](mailto:superlife@superlife.co.nz) or post to: SuperLife Superannuation Master Trust, PO Box 105262, Auckland 1143. For any questions, please call us on 0800 27 87 37 or +64 9 375 9800 if you're calling us from overseas.

**Member number**

**Scheme name**

**Member's name**

## SECTION 1: WHAT IS UNDUE HARDSHIP?

To make an application for a withdrawal on the grounds of undue hardship, you must be experiencing financial difficulty that has arisen because you are (please tick the category most applicable to you):

Unable to meet your minimum living expenses;

Unable to meet your mortgage repayments on your principal family home, resulting in your mortgage provider seeking to enforce the mortgage on your property;

Modifying your home to meet special needs arising from your disability or the disability of a dependant;

Paying for medical treatment when you or a dependant become ill, suffer an injury or require palliative care;

Incurring funeral costs for a dependant; or

Suffering from a serious illness.

If one or more of the above circumstances applies to you, you can submit an application for an undue hardship withdrawal. Your application will only be considered if the manager of the SuperLife Superannuation Master Trust, Smartshares Limited (**we, our or us**) is reasonably satisfied that you have explored and exhausted all reasonable alternative sources of funding.

### What we need from you

You will need to complete this Undue Hardship Withdrawal Application Form ("Application Form") in FULL, including an explanation of why you are currently experiencing undue hardship, and why your undue hardship cannot be solved by any other means. We require details of your total household situation when assessing this application.

It is important that ALL supporting documentation is provided with this Application Form, as failing to do so will delay the application process or result in your Application Form being declined.

## SECTION 2: CHECKLIST OF DOCUMENTATION REQUIRED

Up-to-date bank statements and credit card statements covering the last THREE months for ALL bank accounts and credit cards held in your name (individual, joint, business or in trust) and your spouse/partner (if applicable).

If a home owner, evidence of your regular minimum mortgage payments.

If renting, a copy of a rental or tenancy agreement. If a tenancy agreement is provided, please provide evidence of your portion of the rent.

Statements showing current balances, regular minimum payment obligations and CURRENT arrears (i.e. overdue bills) for ALL of the following:

Store cards	Finance company loan(s)
Home loan(s)	Personal or car loan(s)
Rent	Household bills
Fines	Any other overdue bills

A completed and signed statutory declaration (see last page of this form).

Evidence of Work and Income (WINZ) assistance, other family assistance, e.g. Working for Families, or confirmation of current entitlements (i.e. a letter from WINZ or Inland Revenue confirming your entitlement, including the amount and frequency of your entitlements).

A copy of any budgetary advice received.

Confirmation you have applied for any financial assistance that you may be entitled to before completing this Application Form (see question 6.4).

**Employed only:** proof of current income, i.e. a pay slip or a copy of your employment contract.

**Self-employed only:** a copy of your most recent Inland Revenue summary of earnings for the current 12 month period.

**Unemployed only:** redundancy notification (if applicable).

Ultimately, we must be satisfied that **you have exhausted all other reasonable alternative sources of funding**. We may ask you for further information if your application does not prove you are suffering undue hardship.

## SECTION 3: PERSONAL DETAILS

### Member number

**Title** (Mr, Mrs, Miss, Ms, Mx, Dr or Other)

**Date of birth**

D	D	M	M	Y	Y	Y	Y
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**First names**

**Surname**

**Home phone**

**Work phone**

**Mobile**

**Email**

**Occupation** (must be supplied)

### Home address

Street address

Suburb

Town/city

Country

Postcode

### Please confirm how would you like us to contact you

Phone

Email

Post

The quickest method of contact is phone or email. If you choose either of these two options you will be contacted during our office hours – **8.30am to 5.30pm**, Monday to Friday.

Please note that contact via post will create further delays in the processing of your Application Form due to postage times.

## SECTION 4: TAX DETAILS

**Note:** If you have already provided us with your IRD number and PIR, please ignore this section. If your PIR has changed, please tick the correct PIR. If you haven't given us your IRD number and PIR, we will apply a tax rate of 28% to any taxable income applicable to you for the relevant tax year.

**IRD number**

**Prescribed Investor Rate (PIR)** (Tick one)

10.5%

17.5%

28%

Refer to [ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate](http://ird.govt.nz/roles/portfolio-investment-entities/find-my-prescribed-investor-rate) to calculate your PIR.

## SECTION 5: PAYMENT DETAILS – MEMBER TO COMPLETE

### I request a partial withdrawal

Subject to the rules of the Trust Deed and Admission Deed (if applicable) that govern my membership, I request that deductions are made from my account as follows:

	Amount
Member voluntary contribution account	\$ <input type="text"/>

If my application is approved, I request that the proceeds of my benefit payment be credited to the following bank account:

Bank name	Account name
<input type="text"/>	<input type="text"/>

Account number	
<input type="text"/>	Please attach a pre-printed bank deposit slip or bank statement.

Member's signature	Date
<input type="text"/>	<input type="text"/>

### Important information:

- A withdrawal may only be made if we are satisfied that you are suffering undue hardship.
- We may limit the amount you can withdraw to the amount that we believe is required to alleviate the particular hardship.
- We may adjust the withdrawal transaction for any tax liability arising as a result of your withdrawal request.
- In assessing your hardship claim, we will look to see that you have taken all reasonable steps to alleviate your undue hardship. This includes exhausting all other reasonable alternative sources of funding and includes any savings, shares or other investments you may have.

If your application is approved, payment will usually be made within 10 business days from the date we receive your application. In order to pay you within this time frame we need:

- all the information required (and we don't have to come back to you for more), and
- the final contributions from your employer (if you are withdrawing your total value).

## SECTION 6: FAMILY FINANCIAL INFORMATION

### 6.1 Are you (tick as appropriate):

An employee

Self-employed

Unemployed

If unemployed, please confirm if this was by:

Resignation

Redundancy

Other

If "other", please give reason:

### Is your spouse/partner (tick as appropriate):

An employee

Self-employed

Unemployed

If unemployed, please confirm if this was by:

Resignation

Redundancy

Other

If "other", please give reason:

### 6.2 Have you or your spouse/partner received or are you entitled to receive a redundancy package, or accident compensation lump sum payment?

Yes – please complete the following table:

No – please go to question 6.3

#### Amount received or expected

\$

#### Date received or expected

D D M M Y Y Y Y

### 6.3 Financial dependants include a spouse (including a de facto spouse) and a child (including an adopted child, step child or ex-nuptial child). To be a financial dependant, the person must be financially dependent on you. How many financial dependants (e.g. your spouse/partner and/or any children) do you have?

Number of dependants

List the ages of any dependants



### 6.4 Are you, your spouse/partner or dependants in receipt of any income support benefit, such as an unemployment benefit, domestic purposes benefit, working for families benefit, student allowance, OSCAR subsidies, job support, sickness benefit, insurance payments, accident compensation payments etc?

Yes – please complete the following table:

No – please go to question 6.5

	Type of benefit(s)	Weekly amount
Self		\$
Spouse/partner		\$
Dependants		\$

### 6.5 Have you, your spouse/partner or dependants applied for any income support/accident compensation benefit?

Yes

No

You may be eligible for government support, in particular if you are unemployed or on a low income. It is recommended that you make enquiries as to any income support/accident compensation benefit that you may be entitled to before completing this Application Form.

For the purpose of assessing your Application Form, an estimated amount of income support may be taken into account based on the information you have provided.

## SECTION 7: INCOME AND EXPENDITURE STATEMENT

Detail your **weekly** costs and all sources of income. If any costs or income you list are not weekly, please specify the frequency i.e. fortnightly, monthly, annually. This below expenditure statement should reflect your and your dependant family's personal situation.

Expenditure (weekly)			
<b>Accommodation</b>		<b>Health</b>	
Mortgage 1	\$	Doctor/dentist/optician	\$
Mortgage 2	\$	Pharmacy	\$
Mortgage 3	\$	<b>Savings</b>	
Rent	\$	Superannuation/KiwiSaver	\$
Rates/water	\$	Christmas clubs	\$
Electricity	\$	Other savings	\$
Gas	\$	<b>Insurance</b>	
Maintenance	\$	House/contents insurance	\$
Phone/internet	\$	Life insurance	\$
Mobile phone	\$	Medical insurance	\$
Cable TV	\$	Other insurance	\$
<b>Housekeeping</b>		<b>Transport</b>	
Groceries	\$	Petrol	\$
<b>Loans</b>		Public transport	\$
<b>Credit card/store card repayments</b>		Taxi	\$
• Card 1	\$	Registration/WOF	\$
• Card 2	\$	Maintenance	\$
• Card 3	\$	Car insurance	\$
• Card 4	\$	AA membership	\$
• Card 5	\$	<b>Partner/children</b>	
• Card 6	\$	Education	\$
<b>Hire purchase payments, e.g. car, furniture</b>		Clothing	\$
• Loan 1	\$	Child care	\$
• Loan 2	\$	After school care	\$
• Loan 3	\$	Other	\$
<b>Personal loan repayments</b>		<b>Other expenditure</b>	
• Loan 1	\$		\$
• Loan 2	\$		\$
• Loan 3	\$		\$
<b>Total expenditure</b>			\$

## SECTION 7: INCOME AND EXPENDITURE STATEMENT (CONTINUED)

Income (weekly)			
Your		Interest	\$
Salary/wages	\$	<b>Other income</b> e.g. boarders, flatmates (please list)	
Commission income	\$		\$
Rental income	\$		\$
Business income	\$		\$
Benefit (total from 6.4)	\$	<b>Total income</b>	\$
Partners			
Salary/wages	\$		
Commission income	\$		
Rental income	\$		
Business income	\$		
Benefit (total from 6.4)	\$		

## SECTION 8: PERSONAL ARREARS

Use this section to detail any **overdue bills** (EXCLUDE any business arrears). Please note, only the **overdue amount** and the **date due** is required. You will need to provide a copy of **every** overdue bill with this Application Form.

Arrears					
Mortgage/Rent	Amount	Date due	Other (please list)	Amount	Date due
Mortgage 1	\$	due		\$	due
Mortgage 2	\$	due		\$	due
Mortgage 3	\$	due		\$	due
Rates 1	\$	due	<b>Insurance</b> (please list)		
Rates 2	\$	due			\$
<b>Other</b>				\$	due
Overdraft	\$	due		\$	due
Family Court settlement	\$	due	<b>Total arrears</b>	\$	
<b>Credit card/store card repayments</b>					
• Card 1	\$	due			
• Card 2	\$	due			
• Card 3	\$	due			
<b>Finance company(s)/Hire purchase</b>					
• Loan 1	\$	due			
• Loan 2	\$	due			
• Loan 3	\$	due			
<b>Household bills</b> (please list)					
	\$	due			
	\$	due			
	\$	due			



## SECTION 9: ASSETS AND LIABILITIES

9.1 You will need to provide supporting evidence of your assets and liabilities with this Application Form. Refer to page 2 of this Application Form for details of what evidence we require you to provide.

Assets – what you own		Current value	Liabilities – what you owe		Full amount
<b>Property</b>			<b>Mortgages</b>		
Property (family home)		\$			\$
Property (investment/ bach)		\$			\$
Property (investment/ bach)		\$			\$
<b>Car(s)</b>					\$
		\$	<b>Finance company / Hire purchase(s)</b>		
		\$			\$
		\$			\$
<b>Bank account(s)</b>					\$
		\$			\$
		\$	<b>Personal loan(s)</b>		
		\$			\$
		\$			\$
		\$			\$
		\$	<b>Bank overdraft(s)</b>		
		\$			\$
		\$			\$
<b>Other investments</b>					\$
Shares		\$	<b>Credit card(s) / Store card(s)</b>		
Term deposits		\$			\$
Bonus Bonds		\$			\$
Forestry assets		\$			\$
Managed Funds		\$			\$
Other:		\$	<b>Other</b>		
Other:		\$			\$
Other:		\$			\$
<b>Total assets</b>		\$	<b>Total liabilities</b>		\$

**SECTION 9: ASSETS AND LIABILITIES (CONTINUED)**

9.2 Have you tried to re-negotiate your loans to reduce your repayments, or sought financial advice?

Yes

No

**If Yes, please give details:**

**If No, please give details:**


**SECTION 10: EXPLANATIONS OF YOUR UNDUE HARDSHIP**

10.1 What is the cause of your current undue hardship?


10.2 What do you plan to use your SuperLife Superannuation Master Trust savings for if released?


## SECTION 10: EXPLANATIONS OF YOUR UNDUE HARDSHIP (CONTINUED)

10.3 State any additional information you wish to provide in support of your Undue Hardship application:


## SECTION 11: PRIVACY AUTHORISATION

The personal information you provide in this form, and any information you provide to us in the future, will be collected by Smartshares Limited (Smartshares), as Manager of the SuperLife Superannuation Master Trust, for purposes relating to the administration, operation, management and marketing of the scheme. Your personal information will be collected, used, stored and disclosed in accordance with the Privacy Act 2020 and SuperLife's Privacy Policy, which is available at [superlife.co.nz/legal/privacy-policy](https://superlife.co.nz/legal/privacy-policy).

You have the right to access and request correction to any personal information that you have supplied to Smartshares, by contacting [superlife@superlife.co.nz](mailto:superlife@superlife.co.nz).

## SECTION 12: CONSENT AND DECLARATION

- I understand that, should the information given be incomplete or incorrect, Smartshares Limited (Smartshares), as manager of the Scheme, will not be able to complete its assessment of the Application Form without receiving the complete and correct information.
- I consent to the use of the personal information provided in this Application Form by Smartshares so that they can assess this Application Form for an early withdrawal from the SuperLife Superannuation Master Trust due to undue hardship.
- I consent and authorise the release at any time to Smartshares, of all personal information held by any other person or organisation that Smartshares considers appropriate for the purpose of checking information provided by me in support of this application for undue hardship.
- I understand that my withdrawal will be based on the unit price(s) at the date my request is processed.
- I acknowledge that on receipt of the funds, the Supervisor and Smartshares will be released from all liabilities in respect of those funds.

## SECTION 13: NEW ZEALAND STATUTORY DECLARATION

I,

(insert name of personal representative making declaration)

of

(insert city and occupation of person making declaration)

solemnly and sincerely declare that the information provided by me in the Undue Financial Hardship Application annexed to this Statutory Declaration is true and correct.

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

**Signature of person making the declaration**

**Date**

D	D	M	M	Y	Y	Y	Y
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Declared at

this

day of

20

**Before me:**

(person before whom the declaration is made)

**Signature of witness**

**Address**

Street address	
Suburb	
Town/city	
Country	Postcode

**Full name**

**Occupation**

**A Statutory Declaration under the Oaths And Declarations Act 1957 that is made in New Zealand must be made before a person described in Section 9 of the Act including:**

- a justice of the peace; or
- a barrister or solicitor of the High Court; or
- a notary public; or
- the Registrar or Deputy Registrar of the High Court or of any District Court; or
- a member of Parliament; or
- officers of the Crown or of a local authority within the meaning of the Local Government Act 2002, authorised for that purpose by the Minister of Justice from time to time; or
- an employee of Public Trust constituted under the Public Trust Act 2001, authorised for that purpose by the Minister of Justice from time to time.

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. **If you have already provided us with this information, then you do not need to complete this section. If you are unsure, please call us to confirm. We have 2 options available, please select one of the options below:**

## OPTION 1: ELECTRONIC IDENTITY AND ADDRESS VERIFICATION

**Please tick the box below to give us your consent to electronically verify your details.** You will receive a link from [noreply@cloudcheck.co.nz](mailto:noreply@cloudcheck.co.nz) on the device you are using to do this. Please follow the prompts to have your photo taken. The photo helps us verify the identity of the person presenting the documents.

**I would like to verify my identity and address electronically. I authorise SuperLife to undertake this.**

You must have a valid NZ or Australian passport or driver's licence to complete electronic verification.

If we are unable to successfully identify you through electronic verification, you will need to provide us with the documents as per Option 2 (on the following page).

## OPTION 2: CERTIFIED IDENTITY AND ADDRESS DOCUMENTS

If you select this option, you will need to provide SuperLife with certified copies of your ID documents and address proof as listed below. These documents must be posted to Freepost SuperLife, PO Box 105262, Auckland City, 1143.

A certified copy is a photocopy of an original document, on which an authorised person has written: *"I certify this to be a true copy of the original document"* or words to that effect (adding in the case of an identification document the words *"and that it represents the identity of [full name]"*); and – added their name and occupation, the date, their signature, their registration number (or equivalent) and their contact phone number.

The certifier cannot be someone who is related to you, is your spouse or partner, or lives at the same address. Certification must have been completed no more than 3 months prior to this application.

### Your identity documents must be certified by one of the following (only if in NZ):

- Justice of the peace
- Registrar/Deputy Registrar
- Member of Parliament
- Registered teacher
- Notary Public
- Registrar
- Registered lawyer
- Police officer
- Registered doctor
- Kaumatua
- Chartered accountant
- Minister of Religion

Please contact us if you are having documents certified overseas so we can advise who can certify your documents. This list will differ from above.

### Identification (please tick one option)

**Option 1**  
One document from this section

NZ Passport (identity page)

Overseas Passport (identity page)

NZ firearms licence

NZ certificate of identity

**Option 2**  
NZ driver's licence PLUS one of the documents from this section

SuperGold card

NZ full birth certificate OR Birth certificate issued by foreign government

NZ citizenship certificate OR Citizenship certificate issues by foreign government

Bank statement or IRD letter issued in your name in the last 6 months

**Option 3**  
Kiwi Access (formally 18+) Card PLUS one of the documents from this section

NZ full birth certificate OR Birth certificate issued by foreign government

NZ citizenship certificate OR Citizenship certificate issued by foreign government

### Address

Please supply a certified copy of one of the following as proof of address. The document you provide must be addressed to you showing the residential address you have declared in this application and be dated within the last 12 months:

Letter of invoice from utility company

Bank statement

Letter from government agency e.g., Inland Revenue, Waka Kotahi, rates bill, etc.