

Fisher Funds LifeSaver Plan Significant Financial Hardship Withdrawal

If you would like help in completing this form, please email lifesaver@fisherfunds.co.nz or phone us on 0508 347 437.

You can complete this form on-screen by typing directly into each field. Once you have completed this form you can email your completed application and supporting documents to lifesaver@fisherfunds.co.nz.

Alternatively, you can post your application and supporting documents to **Fisher Funds Management Limited, Private Bag 93502, Takapuna, Auckland 0740** or send by courier to **Fisher Funds Management Limited, Crown Centre, 67-73 Hurstmere Road, Takapuna, Auckland 0622**.

Who should complete this form?

Use this form to apply for a withdrawal from the Fisher Funds LifeSaver Plan if you are suffering, or likely to suffer from significant financial hardship. Significant financial hardship means significant financial difficulties that arise because of:

- a member's inability to meet minimum living expenses; or
- a member's inability to meet mortgage repayments on his or her principal family residence resulting in the mortgagee seeking to enforce the mortgage on the residence, or
- the cost of modifying a residence to meet special needs arising from a disability of a member or member's dependant, or
- the cost of medical treatment for an illness or injury of a member or a member's dependant, or
- the cost of palliative care for a member or a member's dependant, or
- the cost of a funeral for a member's dependant, or
- the member suffering from a serious illness.

What happens after you've submitted your application?

Fisher Funds must be reasonably satisfied that you have explored and exhausted all other reasonable alternative sources of funding.

The omission of any required documents to support your application may result in your application being delayed or declined. Once we've received your application, we will review it and further information may be requested.

If Fisher Funds approves your application, we will send you confirmation and make payment to your bank account. You should then use the payment to alleviate the claimed hardship. Note: If you make another significant financial hardship claim in the future, you will need to supply evidence that you used any previous payment(s) to alleviate any claimed hardship.

If Fisher Funds does not approve your application we will write and tell you. Fisher Funds is not obliged to disclose the reasons for declining your application.

Section 1 – Your details

Title First name(s) Surname

Address

City Country Postcode

Home phone Business phone Mobile

Email address

LifeSaver member number IRD number Date of birth

Prescribed Investor Rate (PIR) — *please tick one*

10.5% 17.5% 28%

To work out your PIR, or for more information, visit fisherfunds.co.nz/pircalculator or call us on 0508 347 437.

If your selected PIR differs to the rate we have on file, the change will require one business day to update before your withdrawal can be processed. If you do not select a PIR, your withdrawal will be taxed at whichever rate we hold on file for you.

Spouse/partner

Name Is your spouse/partner in paid employment? Yes No

Dependants

Name Age Nature of relationship

Name Age Nature of relationship

Name Age Nature of relationship

Name Age Nature of relationship

Section 2 – Document checklist

When returning this form please provide the following documents:

- Proof of your bank account (see section 10).
- If you have selected Option 2 as your preferred identification option (see section 7), evidence of your identity and address (see sections 8 and 9).
- Provide bank statements for all accounts belonging to you and your spouse/partner for the last three months.

Where applicable, please also provide the following documents to support your request:

- Letter from WINZ detailing any government benefits paid to you or approving or declining your request for WINZ financial assistance.
- Letter from any lending institutions which have declined a request from you for a financial loan.
- Payslip or confirmation from your employer of the amount of your last two payments. (Your spouse must also provide this information if they are working).
- Redundancy notice (if applicable) or a copy of a letter from your employer if your hours have been reduced.
- Copies of overdue bills (less than 30 days old) - these should be on company letterhead in you or your partner's name.
- Builder's report (for home modifications to meet special needs arising from a disability to you or a dependant).
- Medical report (for medical expenses relating to an illness or injury or the cost of palliative care for you or a dependant).
- Invoice for funeral expenses for a dependant. This must be in your name.

Section 3 – Previous application(s) for significant financial hardship

Have you made a previous application for significant financial hardship with the Fisher Funds LifeSaver Plan or any other scheme(s) you have been a member of?

- Yes No

If 'yes', please provide details:

Previous application 1

Date	Provider name	Membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Was your application successful?	Did you use the payment to alleviate the claimed hardship?*	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Previous application 2

Date	Provider name	Membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Was your application successful?	Did you use the payment to alleviate the claimed hardship?*	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

*If 'no', please explain why not:

Section 4 – Details of significant financial hardship

1. Give the reasons you are seeking a significant financial hardship withdrawal.

(Explain what circumstances have arisen to cause you significant financial hardship - e.g. has someone lost their job, or had hours reduced so you can no longer meet minimum living expenses. You will need to provide evidence in the form of a letter from an employer, bank or landlord.)

2. Have you tried any other ways to get financial assistance?

(Include evidence such as letters of decline from banks (e.g. for a mortgage holiday) and Government departments (e.g. WINZ), proof of seeking budgetary assistance including help from non-profit organisations, and any personal loan debt restructuring under the CCCFA.)

3. How much money do you want to withdraw?

OR All available funds

Any amount withdrawn will be deducted proportionately across each fund you are invested in.

Acceptance of your withdrawal request is at Fisher Funds' discretion. Fisher Funds may consider the withdrawal of all or part of the amount you request, and may direct that the amount withdrawn be limited to a specified amount that Fisher Funds considers is required to alleviate your particular hardship. Fisher Funds may also request further financial information from you.

4. If approved, what will you use the money for?

	Amount
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text" value="\$"/>
Total	<input type="text" value="\$"/>

Section 5 – Household income, assets, expenses and debts

You must complete this section, even if you are including a budget from a budget adviser. If any part of this section is not applicable, please enter \$0.00.

What is your total weekly household income?

In this section, you need to tell us about the money you and your household **receive** each week.

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"/>
Benefit	\$ <input type="text"/>	Benefit	\$ <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"/>
Other	\$ <input type="text"/>	Other	\$ <input type="text"/>
Total for you:	\$ <input type="text"/>	Total for your partner:	\$ <input type="text"/>
		Total weekly household income:	\$ <input type="text"/>

How much money do you need to live on each week?

In this section, you need to tell us how much money you and your household **spend** each week. The more information there is the better it is for an assessment of your individual circumstances.

How much money do you and your partner pay each week for:

Mortgage/rent/board	\$ <input type="text"/>	Life insurance	\$ <input type="text"/>
Land rates	\$ <input type="text"/>	Medical insurance	\$ <input type="text"/>
Water	\$ <input type="text"/>	Vehicle/boat insurance	\$ <input type="text"/>
Electricity	\$ <input type="text"/>	Transport expenses	\$ <input type="text"/>
Gas	\$ <input type="text"/>	Car maintenance	\$ <input type="text"/>
Phone	\$ <input type="text"/>	Children's education	\$ <input type="text"/>
Internet	\$ <input type="text"/>	Child maintenance	\$ <input type="text"/>
Doctor/dentist/optician	\$ <input type="text"/>	Child care	\$ <input type="text"/>
Pharmacy/medication	\$ <input type="text"/>	Weekly debt repayments*	\$ <input type="text"/>
House/contents insurance	\$ <input type="text"/>	Other expenses*	\$ <input type="text"/>
		Total weekly expenses:	\$ <input type="text"/>

* Please specify any Weekly debt repayments and/or Other expenses.

Total weekly income less total weekly expenses:

\$

Section 5 – Household income, assets, expenses and debts (continued)

What assets or savings do you have? What do you own?

In this section, you need to tell us about the things you, and those in your household, own and their current value.

Your household assets:

Family home	Address	<input type="text"/>	<input type="text" value="\$"/>
Investment or holiday home	Address	<input type="text"/>	<input type="text" value="\$"/>
Household contents (value)			<input type="text" value="\$"/>
Vehicles incl. boats	Model & Year	<input type="text"/>	<input type="text" value="\$"/>
	Model & Year	<input type="text"/>	<input type="text" value="\$"/>
	Model & Year	<input type="text"/>	<input type="text" value="\$"/>
Bank accounts	Account no.	<input type="text"/>	<input type="text" value="\$"/>
	Account no.	<input type="text"/>	<input type="text" value="\$"/>
	Account no.	<input type="text"/>	<input type="text" value="\$"/>
Term deposits	Please specify	<input type="text"/>	<input type="text" value="\$"/>
Shares	Please specify	<input type="text"/>	<input type="text" value="\$"/>
Superannuation	Please specify	<input type="text"/>	<input type="text" value="\$"/>
Other assets e.g. money owed to you, life insurance policies that can be cashed in (if you're unsure check with your provider)	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
Total assets for your household:			<input type="text" value="\$"/>

Section 5 – Household income, assets, expenses and debts (continued)

What liabilities/debts do you have?

In this section, you need to tell us about all liabilities you and your partner have, and the current amount of the debt, or balance to pay.

Your liabilities/debts

Mortgages	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
Loans	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
Bank overdrafts	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
	Bank/Institution	<input type="text"/>	<input type="text" value="\$"/>
Credit cards	Type	<input type="text"/>	<input type="text" value="\$"/>
	Type	<input type="text"/>	<input type="text" value="\$"/>
	Type	<input type="text"/>	<input type="text" value="\$"/>
Other debts e.g. overdue bills, hire purchases, medical bills	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
	Please specify	<input type="text"/>	<input type="text" value="\$"/>
Total liabilities for your household:			<input type="text" value="\$"/>
Total assets less total liabilities:			<input type="text" value="\$"/>

Section 6 – Privacy statement

Any information that you provide to us may be used by Fisher Funds and the Supervisor and any of their respective related entities, and by other service providers to the Scheme to provide service in relation to your withdrawal request. It may also be used to electronically verify your identity and address (where necessary) and may be disclosed for these purposes to third parties where relevant, including a government agency or reliable, independent source. You have the right to access the information held by us and you may also request that it be corrected.

Section 7 – Identification options

Your withdrawal request must be submitted with one of the identification options set out below (for each account holder). We may have your identification documents on file, please contact us to confirm this. We may need to request new identification documents from you.

Option 1

Electronic identity verification

Fisher Funds has the ability to electronically verify your identity and address. Once we have received your application we will send you an SMS via our third party partner to biometrically verify your identity. To complete this method of verification you must have: a smartphone (with a front camera that is capable of taking a photo/video) and a current (not expired) version of one of the following: New Zealand Passport; New Zealand Drivers Licence; Australian Passport; Australian Drivers Licence.

If this method of identification is unsuccessful you will be required to provide certified ID and proof of address.

Option 2

Certified copies of identity documents and proof of residential address

Please provide a certified copy of your identity documents and proof of your residential address. Refer to sections 3 and 4 for information on acceptable identity documents and who can certify them.

Your preferred identification method – please select one of the following options:

Option 1 – I would like Fisher Funds to electronically verify my identity

Option 2 - I would like to provide Fisher Funds with certified copies of my identity documents

Section 8 – Certified identity documents

If you selected Option 2 as your preferred way for us to verify your identity please select one of the certified identification options below. If you have selected Option 1 you do not need to provide certified ID now.

Option A: (preferred)

Passport
(containing name, date of birth, photograph and signature)

OR

New Zealand Firearms Licence

Option B:

New Zealand Driver Licence
(front and back)

OR

18+ Card/Kiwi Access Card
AND one of the following

Full Birth Certificate

SuperGold Card
(front and back)

Bank Statement from a registered bank dated within 12 months

Statement from a government agency dated within 12 months

Option C:

New Zealand Driver Licence
(front and back)

AND

Certificate of citizenship issued by the New Zealand Government or a foreign government

Your photo identification must be current (not expired). If you're unable to provide the above documentation please contact us to discuss other options.

A Fisher Funds representative can verify your identity documents if you visit our office.

How to have your ID correctly certified

I certify this to be a true copy of the original document and confirm it represents the identity of Joe Smith.

Name: Jane Doe

Occupation: Justice of the Peace

Date: 18/04/2024

Signature:

Photocopy ID at 150%

So the details are legible.

Please do not send in your physical identity documents e.g. passport, driver's licence, birth certificate etc.

Please note: Certification is valid for three months and must have been carried out within three months of application.

Your identity documents must be certified by one of the following people: Justice of the Peace, Registered Lawyer, Chartered Accountant, Registered Teacher, Registered Doctor, Police Officer, Notary Public, Registrar/Deputy Registrar.

Section 9 – Proof of address

If you have selected Option 2 as your preferred identification method please provide proof of your residential address as set out below. Your proof of address does not need to be certified. If you have selected Option 1 you don't need to provide proof of address.

Current physical address
Can't be a PO Box number

XYZLOGO

Statement of Accounts

Your Account(s) at a glance as at 19 XXXX 2024

Mr Joe Smith
58 Green Street
Takapuna
AUCKLAND 1023
New Zealand

Today's Statement(s)

Account Number
Tertiary
Upcoming Automatic Payment
Frequency

Dated in the last 12 months, an invoice, statement, letter or contract from:

- utility provider e.g. water, power, phone
- professionals e.g. accountant, doctor
- service providers e.g. Sky TV, insurance
- government e.g. IRD, WINZ, rates notice
- current employer e.g. payslip
- bank correspondence or statement
- tenancy agreement

Please note: We cannot accept a statement/correspondence from Fisher Funds as proof of your address.

Section 10 – Payment details

Please pay the withdrawal into my nominated bank account held on file.

If you have not previously provided your bank account details including proof of the bank account, or your bank account has changed, please complete the section below and provide proof of your bank account (refer below) along with this form.

We will only make payments in New Zealand dollars to either a New Zealand bank account or an international bank account held in your name either individually or jointly (the cost of an international transfer is paid by the member). Any payment will be adjusted for tax at the notified Prescribed Investor Rate (PIR) on your account.

Name of account

Account details

<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="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"/>
Bank	Branch	Account Number										Suffix							

Bank/Branch address

Please provide proof of your bank account (one of the following)

- Bank statement
- Internet banking screenshot
- Over the counter receipt with a teller's stamp

The proof of bank account must contain the account name, number and the logo of your bank.

Section 11 – Withdrawal declaration

- I understand that acceptance of my application is at Fisher Funds' discretion.
- I understand that Fisher Funds will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect and I understand that Fisher Funds may request additional information from me relating to this application.
- I understand that Fisher Funds may decide that the amount withdrawn be limited to a specific amount, that in Fisher Funds' opinion, is required to remedy the particular financial hardship.
- I understand that my withdrawal value, calculated in terms of the provision of the Governing Document, may fluctuate based on the unit price(s) which applies when the withdrawal is processed and that fees, taxes and expenses may be deducted from my LifeSaver account.
- The information given in this form is true and correct. I acknowledge that Fisher Funds will rely on information provided in (or in connection with) this form and accordingly agree to indemnify them against any claims, liability, losses, damages, costs and expenses whatsoever which may arise directly or indirectly as a result of any information provided in (or in connection with) this form being untrue or misleading (including omission).
- I authorise Fisher Funds to contact any third parties for verification of information I have provided.
- Fisher Funds must be reasonably satisfied that I have explored and exhausted all other reasonable alternative sources of funding.

Signature of member

Date