

B2 Doctor's Confidential Certification of Serious Illness (to be completed by doctor)

Patient Details

Title: First Names: Last Name:

Postal Address:

Post Code:

Date of Birth:

Doctor's details

I, Dr. Name:

of Practice:

of Address:

Contact details

Email: Phone:

Certify that:

- 1 I am a registered medical practitioner with the Medical Council of New Zealand.
- 2 The above-named person is a patient of mine and I have recently given them a full medical examination.
- 3 In my opinion, the patient has an: Injury; Illness; or Disability

that:

- results in them being totally and permanently unable to engage in work they are suited for because of experience, education or training, or any combination of these; or
- poses a serious and imminent risk of death.

I form this opinion based on (give a brief description of the patient's condition in the below space): Please attach any relevant supporting information or documentation.

Signature _____ Date _____

Section C Amount Requested

All applicants are to complete this section.

How much money are you requesting? _____ OR The full account balance of my Whai Rawa account

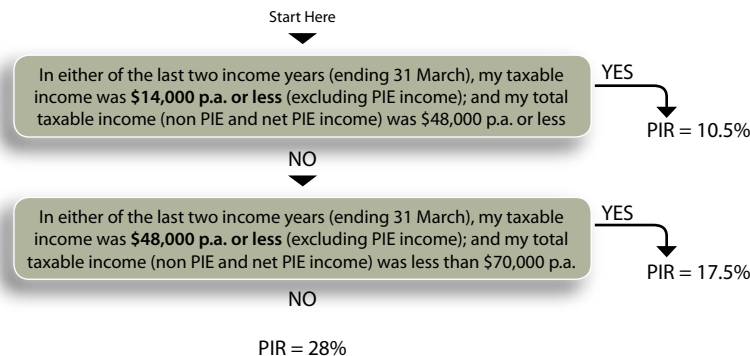
I have attached my pre-printed bank account details

Verification of bank account details

To be able to make payment, the bank account should be in member's name (or other party where applicable) and evidenced by either a pre-printed or bank verified deposit slip or bank statement either with this application or previously supplied to Whai Rawa. Alternatively, confirmation from the bank by email is acceptable.

Section D Declaration

- I understand that I am responsible for my own personal tax implications, if any, of a Whai Rawa withdrawal.
- I am requesting a withdrawal from my Whai Rawa account for the circumstances outlined above.
- All information provided in this form and any other information provided by me relating to this withdrawal request is true and correct.
- There is no additional information that I have not provided that may be relevant to this withdrawal request.
- If any of the information provided becomes incorrect or if I become aware of any other information that may be relevant to this request before payment of the withdrawal is made, I will immediately notify Whai Rawa.
- If I am signing this application on behalf of someone else (including as a legal representative), I am lawfully able to provide the above declarations.
- I understand that the personal 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 (see chart below to work out your PIR).
I confirm my PIR is _____ (PLEASE NOTE IF YOU ARE NOT A NZ RESIDENT YOU DO NOT NEED TO CONFIRM YOUR PIR)



- 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 withdrawal for which I have applied.

I, (full name of applicant)

of, (address)

confirm I have read and understood the above declaration.

Signature:

Date:

Check List

- Section A is completed along with proof of identity
- Section B is completed including your doctors declaration and additional evidence
- Section C is completed with your verified bank account details attached
- Section D is completed - you have read and signed the declaration and provided your PIR

