



**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

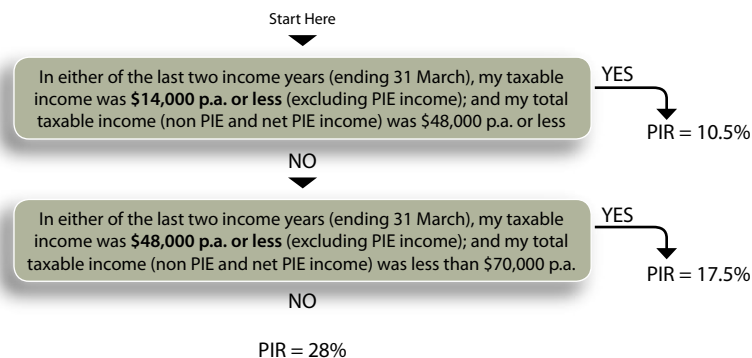
I have attached my pre-printed bank account details

### 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

