

## First or Second-Chance Home Withdrawal

### Use this form

To make a first home withdrawal from the Pathfinder KiwiSaver Plan. Send this completed form by email to [apply@path.co.nz](mailto:apply@path.co.nz) or post to us P.O. Box 2673, Auckland 1140.

If you have not previously provided documents that verify your identity and your address to Pathfinder under anti-money laundering legislation, you will need to provide it before a payment can be made.

### Your details

FULL NAME

IRD NUMBER

\_\_\_\_\_ ("the Member")

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CURRENT ADDRESS

\_\_\_\_\_

DATE OF BIRTH (dd/mm/yyyy)

PHONE

EMAIL ADDRESS

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(\_\_\_\_)\_\_\_\_\_

\_\_\_\_\_

### Details of purchasing property

PROPERTY ADDRESS

POST CODE

\_\_\_\_\_

SETTLEMENT DATE (dd/mm/yyyy)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Type of withdrawal

- A.**  First home withdrawal (this applies if you've never owned a property).
- B.**  First home withdrawal for a previous property owner. You must include your confirmation letter from Housing New Zealand confirming that you qualify. For more information or the necessary form, please contact Housing New Zealand on 0508 935 266 or visit [www.hnzc.co.nz](http://www.hnzc.co.nz).

### Amount of withdrawal

I want to withdraw: (please tick)

The maximum amount possible;

**OR**

Amount; \$ .....

I want to use my KiwiSaver towards my deposit

**OR**

I want to use my KiwiSaver solely towards property settlement

## Privacy statement

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The information in this form, and in any documents relating to it, is being collected for the purposes set out in this form, including effectively managing your Pathfinder KiwiSaver Plan account. The information may be used by, and disclosed to, the Manager and Supervisor of the scheme, authorised agents, and to any other entity that is involved in the administration and management of the Plan (including Inland Revenue and any regulatory body). You agree that the Supervisor, the Manager and their authorised agents may collect and use the information for these purposes. The information is being collected by Pathfinder and will be held by MMC limited. You can request access to your personal information and can ask to correct your information by calling 0800 ETHICAL 384 422.

## Member declaration

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*(tick and complete as appropriate)*

- A.**  I confirm that I have read and understood the above privacy statement.
- B.**  I confirm that all the information provided in this form is true and correct.
- C.**  I confirm that the withdrawal is for me to purchase my first home. If you are purchasing an interest in a house on Maori land, you also need to provide evidence of your right to occupy the Maori land;
- or  I attach a certificate from Housing New Zealand (HNZ) confirming that I am in the same position as a first home buyer.
- E.**  I confirm that I am personally the buyer or one of the buyers of the house and I am not acting in a capacity as a trustee of a family trust.
- F.**  I confirm that this withdrawal will be used to purchase a house which will be my principal place of residence.
- G.**  I understand that my withdrawal value will be based upon the unit prices at the date my request is processed and may fluctuate
- H.**  I understand Pathfinder needs at least **ten** business days to process my application.
- I.**  I have been a member of KiwiSaver for at least **three** years.

## Principal place of residence

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I confirm that for the period which I have been a member of KiwiSaver, my principal place of residence was:

Always in New Zealand

New Zealand, except for the following periods:

FROM (dd/mm/yyyy)	TO (dd/mm/yyyy)
____ / ____ / ____	- ____ / ____ / ____
____ / ____ / ____	- ____ / ____ / ____
____ / ____ / ____	- ____ / ____ / ____

*Give this form to your solicitor and ask them to complete the declaration over the page.*

Solicitor to Complete the following:

MEMBER'S NAME .....

**Statutory declaration**

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I, *(full name)* \_\_\_\_\_ (“Declarant”)

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

Solemnly and sincerely declare, that:

All the documents attached in support of my application are a true and correct record of my first home withdrawal. That for the period of my KiwiSaver membership, my principal place of residence was New Zealand except as specified in this application.

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

SIGNATURE OF DECLARANT *(your signature)* .....

WITNESS \_\_\_\_\_

DECLARED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ YEAR 20 \_\_\_\_\_

BEFORE ME \_\_\_\_\_

*A Justice of the Peace, or other person (e.g. notary public, solicitor, officer of the court) authorised to take and receive Statutory Declarations*

**Solicitor’s declaration**

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NAME OF SOLICITOR \_\_\_\_\_ FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

