Retirement Lump Sum

APPLICATION FORM

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

This application form is for veterans reaching the New Zealand Superannuation qualification age and who have been in receipt of Weekly Income Compensation over a 10-year period. The Retirement Lump Sum recognises the veteran's reduced opportunity to save for retirement.

To apply, you must complete this application form and provide any supporting information or evidence required by Veterans' Affairs. If your application is incomplete it will be returned to you unprocessed. Further information can be found on our website: ***https://www.va.mil.nz/a-z/retirement-lump-sum/***

Eligibility (section 149, Veterans' Support Act 2014)

A veteran, on reaching the New Zealand Superannuation qualification age is entitled to a Retirement Lump Sum if, before reaching that age, the veteran received, over a 10 year period, continuous or otherwise either:

(i) Weekly Income Compensation including the Veteran's Pension (under 65), War Veteran's Allowance, War Service Pension and Economic Pension payable under the War Pensions Act 1954 or

(ii) Weekly Income Compensation under Scheme One of the Veterans' Support Act 2014, or

(iii) Weekly Compensation under Scheme Two of the Veterans' Support Act 2014.

A veteran must reach the New Zealand Superannuation qualification age on or after the commencement of the Veterans' Support Act 2014 (7th December 2014) to be entitled to the Retirement Lump Sum.

Asset Assessment

(section 150, Veterans' Support Act 2014, regulations 35-39, Veterans' Support Regulations 2014)

A veteran who applies for a Retirement Lump Sum must also apply for an asset assessment using this form. Veterans' Affairs will arrange for an asset assessment to be conducted as soon as is practicable after receiving an application.

A veteran with non-exempt assets that carry an assessment value in excess of the asset thresholds will not be entitled to receive a Retirement Lump Sum.

Please refer to our website for the current asset threshold rates.

Process for deciding claims (sections 14 - 16, Veterans' Support Act 2014)

Veterans' Affairs will make a decision on your claim as soon as is reasonably practicable after receiving the claim. Veterans' Affairs may need to wait for you or any other person to provide further information required to determine whether or not to accept your claim.

Offences (section 270, Veterans' Support Act 2014)

It is an offence to make a false statement or provide misleading information to Veterans' Affairs. Anyone who does so commits an offence against this section and is liable on conviction to a term of imprisonment not exceeding 3 months or a fine not exceeding $5,000.

Any questions?

Contact us:

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070
- Or email us at ***veterans@nzdf.mil.nz***

For more information visit our website ***www.va.mil.nz***

Completing your Application

This application form must be completed and signed by the veteran or:

- any person requested by the veteran to complete the form (the veteran must complete the Signature & Acknowledgment); or
- the holder of a Power of Attorney or other recognised authority (refer to page 10).

Step 1:

- Complete pages 3–8
- read the Privacy Statement on page 10
- complete the Signature on page 10. If a question is not applicable, please write N/A. If there is insufficient space to answer a question, please include additional sheet/s of paper with your application.

Step 2:

Complete the Checklist and Receipt on pages 9 and 10, then send your fully completed application and all supporting documentation to Veterans' Affairs at the address shown.

Identification (if you are not a Veterans' Affairs client)

You will be identified by your service number plus one of the following documents that must be certified:

- Full Birth Certificate; Current Passport, Drivers Licence or Firearms Licence.

A 'certified' document is an original document that has been photocopied and certified as a true copy by one of the following:

- Work and Income; Justice of the Peace; Solicitor; Police Officer; Registered Medical Professional; Court Registrar; or other people authorised to take statutory declarations.

Personal details

1 Do you have a Work and Income number?

☐ No

☐ Yes ➡ **Enter the number** ☐☐☐–☐☐☐–☐☐☐

If you don't know this number, please leave it blank.

2 What is your title?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

3 What is your full name?

First name

Middle names

Family name

Preferred name

4 What is your date of birth?

D D / M M / Y Y Y Y

☐ Attach a certified copy of your full birth certificate; current passport, drivers licence or firearms licence. (Only if you are NOT a client of Veterans' Affairs)

5 Where do you live?

Street address

Suburb

City Postcode

Country

6 If your postal address is different to where the child lives, enter details below.

Street address

Suburb

City Postcode

Country

Personal details *continued …*

7 Please enter your contact details.

Email

Home phone | Mobile phone

Work phone

8 What is your relationship status?

☐ Married ☐ De facto ☐ Civil union ☐ Widowed ☐ Single

☐ Divorced

If you are in a relationship please complete Q9 to Q13, otherwise go to Q14

9 When did the relationship start?

D D / M M / Y Y Y Y

10 What is your partner's Work and Income number

☐☐☐–☐☐☐–☐☐☐

If you don't know this number, please leave it blank.

11 What is your partner's full name?

First name

Middle names

Family name

Preferred name

12 What is your partner's date of birth?

D D / M M / Y Y Y Y

13 What are your partner's contact details.

Email

Home phone | Mobile phone

Work phone

Personal details *continued …*

Please provide contact details of a next of kin **not living at your address**

14 What is your next of kin's full name?

First name

Middle names

Family name

Preferred name

15 Where does your next of kin live?

Street address

Suburb

City Postcode

Country

16 What are your next of kin's contact details?

Email

Daytime phone Mobile phone

17 What is your relationship to your above next of kin?

18 What bank account do you want payments to be made to?

Name of the account

You must attach **one** of the following

- ☐ A bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, **account holder's name and the account number**, or
- ☐ A screenshot from a banking app or website that displays **all** of the following:
  - The account holder's full name
  - The name or logo of the bank, and
  - The bank account number.

19 The Retirement Lump Sum is intended to be a taxable entitlement. Enter your IR number and tax code information.

IRD Number ☐☐☐–☐☐☐–☐☐☐ Tax code

- ☐ Attach a signed Tax code declaration IR330 form. These can be downloaded from ***www.ird.govt.nz***

Entitlement History

20 Record the Weekly Income Compensation entitlements you have received or are receiving.

Entitlement name	**Organisation granting entitlement**	**Commenced** MM/YYYY	**End date** (if applicable) MM/YYYY
Veteran's Pension (under 65)	MSD	/	/
Weekly Income Compensation under Veterans' Support Act 2014	Veterans' Affairs	/	/
Weekly Compensation under Veterans' Support Act 2014	Veterans' Affairs	/	/
War Service Pension under War Pensions Act 1954	Veterans' Affairs	/	/
Economic Pension under War Pensions Act 1954	Veterans' Affairs	/	/
War Veteran's Allowance under War Pensions Act 1954	Veterans' Affairs	/	/
		/	/
		/	/
		/	/
		/	/
		/	/

Asset Assessment

Assets to be included in the an asset assessment are the assets of the veteran and his or her spouse or partner that would come within the definition of assets in clause 4 of Schedule 27 of the Social Security Act 1964 (if the veteran were a person being means assessed under section 146 of that Act).

An asset is an exempt asset if it would be an exempt asset under:

(i) Clause 4 of Schedule 27 of the Social Securities Act 1964, or

(ii) Regulation 10 of the Social Security (Long-term Residential Care) Regulations 2005.

Allowable gifts are also excluded from the assessment if the gift would be or would be treated as an allowable gift under regulations 9 and 9A of the Social Security (Long-term Residential Care) Regulations 2005. The gifting period is to be read as the period of 5 years immediately preceding the date on which the veteran reached New Zealand Superannuation qualification age.

If Veterans' Affairs is satisfied that a veteran or his or her spouse or partner has directly or indirectly deprived themselves of any assets (other than exempt or excluded assets), the veteran's assessment may be conducted as if the deprivation has not occurred.

Assets we count include:

(i) cash or savings

(ii) bonus bonds

(iii) investments or shares

(iv) life insurance policies

(v) loans made to other people (including family trusts)

(vi) boats, caravans and campervans

(vii) investment properties

(viii) your house and car (depending on whether you have a spouse or partner

Assets we do not count include:

(i) pre-paid funeral expenses for you and your partner of up to $10,000 each, if they are held in a recognised funeral plan.

(ii) personal belongings such as clothing and jewellery

(iii) household furniture and effects.

As soon as is practicable after receiving this form, Veterans' Affairs will contact you to arrange an asset assessment. The information you provide in this form will be used in the assessment.

Threshold Election

21 If you have a spouse or partner and have completed questions xx to xx, please elect which asset threshold you would like to be assessed against:

☐ asset threshold, **excluding** the value of a residential dwelling and a vehicle

☐ asset threshold, **including** the value of a residential dwelling and a vehicle.

If you do not have a spouse or partner you will be assessed against the asset threshold, including the value of a residential dwelling and a vehicle.

Non-exempt assets

22 Give details below of all assets that you and/or your spouse or partner own or have interest in. Please provide the realisable value of the asset. This is the estimated selling price of the asset.

Type of Asset (e.g. Bank account, Property, Car, Insurance Policy, Loan)	**Description** (e.g. bank & bank account number, vehicle make and model, insurance policy number, term deposit account number, property address)	**Estimated value**	**Your share**	**Your partners share**
		$	%	%
		$	%	%
		$	%	%
		$	%	%
		$	%	%
		$	%	%
		$	%	%
		$	%	%
		$	%	%
		$	%	%

☐ Attach any evidence of your ownership of the asset and the value of the asset e.g. ATM receipts,bank statements, valuation certificates, insurance valuations (if available).

☐ For additional assets please copy and complete this sheet.

Checklist

Please complete the checklist below to ensure your application is complete:

- ☐ I have fully completed my application form.
- ☐ I have attached a certified copy of my identification.
- ☐ I have attached one of the following: a bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, account holder's name and the account number, or a screenshot from a banking app or website that displays all of the following: the account holder's full name, the name or logo of the bank, and the bank account number – for the person who paid the funeral account.
- ☐ I have attached any additional information which supports my application.
- ☐ I have read the Veterans' Affairs Privacy Statement (page 10) on their website at ***www.va.mil.nz/privacy***, and have signed the signature fields on page 10.

Email your completed application form and any supporting documents to:

veterans@nzdf.mil.nz

OR

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

Personal information is managed in accordance with the privacy statement on our website ***www.va.mil.nz/privacy***. If you would like a copy of the privacy statement posted to you, please email ***veterans@nzdf.mil.nz*** to request it.

Signature and acknowledgement

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on ***www.va.mil.nz/privacy***
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

D D / M M / Y Y Y Y

Helper | Complete this section if you've helped the claimant to complete the form

Helper's relationship to claimant:

First names:

Surname: