

**Please read  
before you  
complete this  
form**

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 (VA).

**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/>

**Entitlement**

(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. VA 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)

VA will make a decision on your claim as soon as is reasonably practicable after receiving the claim. VA 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 VA. 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.

**Assistance**

If you have any questions or require assistance completing this form, you can contact us using the details shown below or a person from an ex-service organisation:

**Freephone 0800 483 8372 / 0800 4 VETERANS** (or +64 4 495 2070 if calling from overseas)

You can email: [veterans@nzdf.mil.nz](mailto:veterans@nzdf.mil.nz) or visit our website: [www.veteransaffairs.mil.nz](http://www.veteransaffairs.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 7).

### Step 1:

- Complete pages 3–6
- read the Privacy Statement on page 7
- complete the Signature on page 7.

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 to complete your answer, including the question or page number it relates to.

### Step 2:

Complete the Checklist and Receipt on page 8, then send your fully completed application and all supporting documentation to VA at the address shown.

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## Identification (if you are not a VA 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.



Te Tira Ahu Ika A Whiro

**VETERANS' AFFAIRS**  
New Zealand

# Retirement Lump Sum application form

## Personal Details

**1 Work and Income / Client Number (if known)**

**2 Title**  Mr  Mrs  Miss  Ms  Dr  Other


(tick)

**3 Surname**

**4 Given Name/s**

**5 Other Known Name/s**

**6 Date of Birth**  /  /

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

**7 Residential Address**

Country (if not New Zealand)

Post Code

**8 Postal Address** (if different from residential address)

Country (if not New Zealand)

Post Code

**9 Other Contact Details**

Home Phone  Work Phone

Mobile Number  Fax Number

E-mail Address

**10 Relationship Status**  Married  De facto  Widowed  Divorced  Single

If you are in a relationship please complete your partner's details below

Work and Income / Client Number (if known)

Name  Date of Birth  /  /

Address

Contact Details

Date relationship started

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

Name

Address

Contact Details

Relationship to veteran



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## 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 VA 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, VA will contact you to arrange an asset assessment. The information you provide in this form will be used in the assessment.

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### 15 Threshold Election

If you have a spouse or partner and have completed question 10, 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.

## 16 Non-exempt Assets

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
<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"/> %
<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"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/> %

 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.**

## Privacy Statement

### You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### 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](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, 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.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

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

Helper name

Helper's relationship to claimant

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## 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 an original or certified copy of my bank statement OR a pre printed deposit slip stamped by my bank.
- I have attached any additional information which supports my application.
- I have read the Privacy Statement on page 7 and completed the Signature on page 7.
- I have written my name and address in the application receipt below (we will return this to you when we receive your application for your records).

**Send your completed application to:**

Veterans' Affairs  
PO Box 5146  
WELLINGTON 6140