



AMP KiwiSaver Scheme

Retirement Withdrawal Application

Please send completed form with attachments to:

AMP KiwiSaver Scheme
Freeport 170, PO Box 55
Shortland Street, Auckland 1140

Please call us on 0800 267 5495 if you have any queries.

*These fields must be completed

Use this form to apply for your first retirement withdrawal from the AMP KiwiSaver Scheme.

You can withdraw your KiwiSaver funds only when you have reached your qualifying date.

Your qualifying date is:

- when you qualify for New Zealand Superannuation (currently age 65); or
- if you joined after age 60, after five years' membership of a KiwiSaver scheme or a complying superannuation fund.

Please complete and send this form to us when you reach or are within 10 working days of reaching your qualifying date.

We can't process your withdrawal if you haven't provided verification of your identity, so please make sure you complete sections (d) and (e).

This withdrawal application will be processed once all the requirements have been received and your qualification date met.

A disclosure statement is available from your Adviser on request and free of charge.

(a) Your personal details

*Member number

Title:

 Mr Mrs Ms Miss Dr Other

*Date of birth

*First names

*Surname

*IRD number

*Email

*Postal address

*Residential address

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

PIE tax rate

 10.5% 17.5% 28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you're unsure of your PIE tax rate, please go to amp.co.nz/PIE for help or contact your Adviser or Inland Revenue.

(b) Withdrawal details

*I request (please tick):

 the full value of my AMP KiwiSaver Scheme account (after deduction of any fees, expenses, taxes) or a partial withdrawal of \$ (minimum withdrawal amount is \$250) or a regular amount of \$ (minimum withdrawal amount is \$50).

Frequency: Fortnightly Monthly Quarterly

If you've requested a partial withdrawal above, and you're invested in more than one investment fund, please tell us below which funds to withdraw from. If you don't tell us the funds and amounts, we will split the withdrawal equally across your funds.

Investment fund(s)	Amount (\$)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

*Have you received financial advice from an Adviser to make this withdrawal decision? Yes No

If yes, please ensure your Adviser completes section (h) at the end of this form.

(c) Payment instructions

Please provide proof of your nominated bank account in the form of an **original pre-encoded bank deposit slip** or a certified true copy of your bank statement. The bank account must be a New Zealand bank account in your name or be a joint account incorporating your name.

*Account name

A C C O U N T N A M E

*Account number

- - - - -

(d) Your signature and declaration

*I (full name of member)

B L O C K L E T T E R S

*of (Address)

B L O C K L E T T E R S

B L O C K L E T T E R S

Occupation

B L O C K L E T T E R S

I have reached/or will have reached the qualifying date on as defined on page 1.

I solemnly and sincerely declare that all the information provided in or with this Withdrawal Application is true and correct and that:

1. I am applying for a withdrawal from my AMP KiwiSaver Scheme account as detailed above, to be paid to the bank account specified in this form.
2. I acknowledge that payment of the withdrawal amount is in partial (in the case of a nominated sum less than the balance of my account) or in full (in the case of the total balance) settlement of my rights and interests under the AMP KiwiSaver Scheme and I indemnify the Trustee of the Scheme, AMP and any of their related companies against any liability in relation to such payment.
3. I understand that fees may apply on my withdrawal.
4. I understand that AMP may request additional information from me relating to this Withdrawal Application.
5. I understand that if this Withdrawal Application is approved and a full payment of the Member's Accumulation (defined under the KiwiSaver Act 2006) is made, then my membership of the AMP KiwiSaver Scheme will end.
6. I confirm that I am not an undischarged bankrupt or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this Withdrawal Application and that no other person has any claim against it.
7. New Zealand has not been my principal place of residence for the following periods:

From From From
to to to

I confirm that for all other periods my principal place of residence was New Zealand.

- I understand that any member tax credits claimed for any period(s) that New Zealand was not my principal place of residence, will be returned to Inland Revenue.
8. I acknowledge that the Privacy Act 1993 provides me with the right to request access to and/or correction of any of my personal information held by AMP (AMP in this context includes all the members of the AMP Group of Companies and their subsidiaries, associated companies and agents) or the Trustee of the AMP KiwiSaver Scheme. I understand that the information supplied by me with this Withdrawal Application will be used to process this Withdrawal Application and to administer my membership of the AMP KiwiSaver Scheme (and may be disclosed for these purposes to third parties where relevant, including the Inland Revenue, my Adviser, my employer's Adviser, or another intermediary or distributor). I authorise AMP and/or the Trustee to obtain additional information in relation to this Withdrawal Application from any third party/entity.

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

*Declared at (place)

*this (date)

*Member's signature

SIGN HERE

Note: This can be signed no more than 10 working days before you reach your qualifying date or any time after.

Before me (JP, Solicitor, Notary Public or other person authorised to take a statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament):

*Name

*of city (where signing)

*Occupation

*Signature

*Date

(e) Provide your identification to verify your identity and address

Please complete option 1 in the table below and attach copies of the requested document (please tick which document you are providing). If you cannot provide a document from option 1, then complete option 2 or 3.

Option 1: ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

Option 2: NZ Driver's Licence PLUS (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or Inland Revenue statement issued in your name in the last 6 months

Option 3: 18+ identity card PLUS (ONE of the documents from this section)

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
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IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this application.

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to be addressed to you at the **residential address** detailed in section (a) and dated within the last 6 months.

<input type="checkbox"/> Letter or invoice from utility company	<input type="checkbox"/> Bank statement
<input type="checkbox"/> Letter from government agency (e.g. Inland Revenue, rates bill)	

(f) Certify or verify your identity and address documents

Your identity and address documents can be:

- Certified by a trusted referee (use the first box below), **or** verified by an Adviser/AMP Employee acting as agent of AMP (use the second box below)

DECLARATION BY TRUSTED REFEREE

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (e) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a **(tick one of the following)**

<input type="checkbox"/> New Zealand lawyer	<input type="checkbox"/> Justice of the Peace	<input type="checkbox"/> Notary public	<input type="checkbox"/> Registered medical doctor
<input type="checkbox"/> Chartered accountant	<input type="checkbox"/> Police constable	<input type="checkbox"/> Registered teacher	<input type="checkbox"/> Kaumātua
<input type="checkbox"/> Member of Parliament	<input type="checkbox"/> Minister of religion	<input type="checkbox"/> Commonwealth representative	<input type="checkbox"/> NZ Honorary Consul

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER /AMP EMPLOYEE (AS AGENT OF AMP)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (e) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents initialled and dated by me.
2. I have no reason to believe that this person is not who he/she claims to be.
3. AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

Signature of Adviser

Dated

(g) Checklist and next steps

Please check you have completed the form correctly

- Have you completed all fields with an *?
- Have you completed the statutory declaration in section (d)?

- Have you attached proof of your bank account in the form of an original pre-encoded bank deposit slip or a certified true copy of a bank statement?
- Have you attached any necessary verification of identity and proof of address documents?

Next steps:

- If the request is approved we will process your withdrawal within 8 working days and funds will be credited to your nominated bank account. You will receive a notification from us stating the withdrawal amount. We will process your withdrawal at the unit prices effective on the day of your withdrawal.
- If you have completed number 7 section (d) of the withdrawal form, Member Tax Credits for the period mentioned therein will be returned to Inland Revenue before your request is approved.
- If your request is not approved or if we require further information, we will notify you.

(h) For Adviser Use Only

AMP Adviser name (if applicable)

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AMP Adviser number

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FSPN (please use your QFE's FSPN if you are a QFE Adviser):

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I confirm that I am a

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 Adviser
- Other _____

And I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements of the Financial Advisers Act 2008 and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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