



Please send this completed form to:
AMP KiwiSaver Scheme
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
Fax to 0800 509 955 or
Email kiwisaver@amp.co.nz

AMP KiwiSaver Scheme

Change of direct debit details

*These fields must be completed

Use this form to change your AMP KiwiSaver Scheme direct debit details.

If you have any questions when completing this form, please contact your Adviser or call Customer Services on **0800 267 5494**.

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:

*Email:

*Postal address

 Postcode:

Home phone:

Work phone:

Mobile phone:

(b) Change your direct debit details

Change your regular contribution amount

If you wish to change the bank account that your direct debit operates from, you must complete a new direct debit authority form.

Please give us your new contribution amount here (*minimum amount per payment is \$50.00*).

\$

Change your payment frequency

Please choose your new payment frequency (*please tick*):

 Weekly Fortnightly Monthly Four-weekly

Change your payment date

Please enter your new payment date (*please allow 10 working days before the new payment date*).

(c) Your signature(s) (bank account holder(s) to complete)

To AMP Services (NZ) Limited (AMP)

- I understand that if AMP accepts these instructions, they will be implemented as soon as possible after AMP has received them, and will apply until further notice.
- I acknowledge that if for any reason AMP is not able to accept or process these instructions, AMP will contact me.

Date

Date