



New Zealand Retirement Trust (NZRT)

Withdrawing funds form

If you would like any help or have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 800 267. A disclosure statement is available from your Adviser on request and free of charge.

We may collect PIE tax from your withdrawal using the information we have at the time you withdraw - if your PIE tax details have changed, please tell us your new PIE tax rate. 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**

☐ the full value of my NZRT member voluntary account, or

☐ the full value of my NZRT member account only, or

☐ the full value of all my NZRT accounts (after deduction of any fees, expenses, taxes), or

a partial withdrawal of \$ (minimum withdrawal amount is \$1,000), or

a regular amount of \$ (minimum withdrawal amount is \$250).

Frequency: ☐ Fortnightly ☐ Monthly ☐ Quarterly First payment date

If you've requested a partial withdrawal above, and you've 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'll split the withdrawal equally across your funds.

The minimum withdrawal amount may differ for your plan, please refer to your member booklet for further details. For My Super members, if the withdrawal will result in your account balance falling below \$1,000, we may treat this request as a full withdrawal.

I direct AMP to withdraw funds from the following fund options:

Investment option	Amount	or	%
Lifesteps Investment Programme			
Diversified funds			
AMP Conservative Fund			
AMP Capital Assured Fund			
AMP Moderate Fund			
AMP Moderate Balanced Fund			
AMP Balanced Fund			
ANZ Balanced Plus Fund			
ASB Balanced Fund			
Fisher Balanced Fund			
Nikko AM Balanced Fund			
AMP Growth Fund			
AMP Aggressive Fund			
Single sector funds			
Cash Fund			
NZ Fixed Interest Fund			
International Fixed Interest Fund			
Australasian Shares Fund			
International Shares Fund			
Passive International Shares Fund			
Property Fund			
			100%

(c) Payment instructions

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

*Account name:

*Account number:

[illegible]

*Are you leaving your employer? ☐ Yes ☐ No

If yes, your savings will not be paid until your employer has completed a leaving employment form and any outstanding contributions have been received and applied. If the 'member's address' information is not supplied all correspondence will be sent via the employer.

If you are leaving your employer, is this due to Serious Illness ? ☐ Yes ☐ No

(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 IRD 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 form.

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 or AMP employee acting as agent of AMP (use the second box below)

DECLARATION BY TRUSTED REFEREE

I, confirm that

- 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.
- The documents that have been provided represent the identity of the person named in section (a) of this form.
- 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

- I am not related to and do not live at the same address as the person named in section (a) of this form, and I am over 16 years of age.

Signature of trusted referee

Dated

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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OR

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

I, confirm that

- 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.
- I have no reason to believe that this person is not who he/she claims to be.
- 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/AMP Employee

Dated

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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OFFICIAL MARK

*Have you received financial advice from an Adviser in making the decision to make this withdrawal?

☐

Yes

☐

No

If yes, please ensure your Adviser completes section (h).

(g) Application and acknowledgments to Trustee

I apply to the Trustee of the NZRT to withdraw the amount referred to above. I understand that:

- fees may apply to this withdrawal
- if I'm a My Super member, in the event this withdrawal will result in my account balance falling below \$1,000, the Trustee may treat this request as a full withdrawal and my membership in the NZRT will end.
- a full withdrawal payment will be in final settlement of my interests in the NZRT and I indemnify the Trustee against all liability in relation to such payment
- if I am still in employment with my employer, this withdrawal is subject to the terms and conditions of my Employer Plan.

I certify the information given in this form is true and correct.

*Member's signature:

SIGN HERE

*Date:

D	D	M	M	Y	Y	Y	Y
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Please ensure you read the Next Steps and Checklist sections at the bottom of the page.

(h) For Adviser Use Only (This section must be filled in by the servicing Adviser. If no Adviser has been involved with the completion of this form please leave this section blank).

Adviser name (if applicable):

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 an:

- ☐ AFA (Authorised to give advice on Category 1 products)
- ☐ AMP QFE adviser Category 1 & 2

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 and all other applicable laws.

Signature of Adviser:

SIGN HERE

Date:

D	D	M	M	Y	Y	Y	Y
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Next steps:

- We may contact you to confirm your withdrawal request.
- If the request is approved we'll process your withdrawal request within 8 working days. We'll process your withdrawal at the unit prices effective on the day of your withdrawal. Any contributions received after the processing date will not be eligible for any further withdrawal under this application, except in the case where you are requesting a regular withdrawal or a full exit from the plan.
- If the request is approved we'll direct credit your bank account and post you a letter confirming the amount of your withdrawal.
- If your request is not approved we will advise you.
- Please make sure you provide ALL supporting documentation when you post this application. Failing to do so will delay the application process or result in your application being declined. We will contact you if we require further information.

*Checklist

Please check you have completed the form correctly

- | | |
|---|--|
| <input type="checkbox"/> Have you completed all fields with an * ? | <input type="checkbox"/> Have you included your identification documents that have been certified by your trusted referee or verified by your Adviser or an AMP employee in section (f)? |
| <input type="checkbox"/> Have you completed section (a)? | <input type="checkbox"/> Have you completed section (g)? |
| <input type="checkbox"/> Have you included an original pre-encoded bank deposit slip or a certified true copy of a bank statement in section (c)? | <input type="checkbox"/> If applicable, has your Adviser completed section (h)? |

Once you have completed all items on the checklist please post your documents to NZRT Customer Services, Freepost 170, PO Box 55, Shortland Street, Auckland, 1140.