



Please send this completed form and any supporting documents to:

changes@amp.co.nz

or

AMP Services (NZ) Limited

Freepost 170, PO Box 55

Shortland Street, Auckland 1140

Please call us on **0800 267 005** if you have any queries.

Nominated third party authority

Use this form to add a nominated person to your AMP account.

This form is to be completed by customers to allow a specified third party to be given permission to access information on your account. If there are more than two investors, please use multiple copies of this form.

This form can be completed on-screen by typing content directly into the PDF document. Please email the completed form with required supporting documents to the address above.

If you have any questions when completing this form, please contact your Adviser or call Client Services on **0800 267 005**

Please complete the details below and send us a copy of your driver licence or passport (signature, details and photo page).

Investor details

Mr Mrs Ms Miss Dr Other
(please state)

First name(s)

Last name

Date of birth

Investor 2 details

Mr Mrs Ms Miss Dr Other
(please state)

First name(s)

Last name

Date of birth

Investor address

Postal address

Town/City Postcode

Investor address

Postal address

Town/City Postcode

Contact details

Home Work

Mobile

Email address

Contact details

Home Work

Mobile

Email address

Plan details

Your member numbers

Please list all your policies or plan numbers and indicate which ones you wish to give third party authority for. In the event that you do not list a policy/plan, the presumption will be that you wish to give third party authority for all policies/plans.

If you have additional plans, please use multiple copies of this form.

| Member number |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| Product |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

| Third Party Authority |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Nominated third party details

First name(s)

Last name

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Relationship to investor(s) (eg, auntie, broker, adviser)

Phone

Email address

Please note that we can accept emails from this address for 2 years without going through a verification of identity process.

Password for third party authority

Please choose a password for your third party to state to allow access.

This authority will last for two years from the date unless you specify an expiry date.

Optional expiry date of authority (two years maximum)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Declaration and acknowledgements

By signing below, each investor named on page 1 of this form (investor) and the authorised person named on page 2 of this form (authorised person) each agree and acknowledge that:

Scope of authority

- The investor authorises the authorised person to contact AMP Services (NZ) Limited (AMP) to request information about each product set out on page 1 of this form (product).
- The investor authorises AMP to disclose information about the products to the authorised person on request. AMP will only release information under this authority that investors are entitled to access.
- This authority is valid for a period of 2 years from the date on which it is signed by the investor and the authorised person. It may be revoked by the investor at any time by notifying AMP.
- AMP will not accept any authority signed by the investor and authorised person more than 60 days before it is received by AMP.
- AMP will notify the investor and the investor's adviser in writing once this authority is in place.
- For security purposes, AMP may refuse a request made by the authorised person, or contact the investor to confirm the validity of any such request.
- This authority does not allow the authorised person to withdraw funds or make changes to products.
- Where any product is held by two or more investors, AMP may accept instructions from any individual investor in relation to this authority including in relation to revoking this authority.

Personal information

- Any personal information provided to AMP in this form will be held securely by AMP and its related companies, and will be used to process and administer this authority. That information may also be held by cloud storage providers in New Zealand and overseas.
- You have the right to ask to access any information AMP holds about you. If you believe that any such information is wrong, you may ask that it be corrected. To request information about yourself, please contact AMP customer services using the contact information on this form.

Signature of investor

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of investor 2

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

I have attached a copy of the driver licence or passport for each investor listed on page 1