

Macquarie Fund Wind Up

*These fields must be completed

Use this form to add or change your nominated bank account for your investment.

Your nominated bank account is the bank account you nominate as the designated bank account to which AMP will issue funds when making a payment from your investment.

When updating your nominated bank account details with us you are required to provide identification and proof of bank account.

If you would like any help or have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 267 005. A disclosure statement is available from your Adviser on request and free of charge.

*AMP Product name

*AMP policy/portfolio number

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(a) Policy owner(s) details – Please ensure all boxes are fully completed to assist with processing

All policy owner(s) please complete the details below and provide verified identification see overleaf.

Primary policy owner details (Correspondence will be sent to the address of the primary policy owner only)

*First names

*Surname

*Date of birth

D	D	M	M	Y	Y	Y	Y
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*Postal address

										Postcode				

*Please provide at least one contact number

Phone

 ()

*Personal email

Second policy owner details (if applicable)

*First names

*Surname

*Date of birth

D	D	M	M	Y	Y	Y	Y
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*Personal email

(b) Nominated bank account details

The nominated bank account must be a New Zealand bank account in the name(s) or be a joint account incorporating the name(s) of the policy owner(s).

*Account name

*Account number

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Please provide a copy of a bank statement issued in the previous 6 months as proof of nominated bank account.

(c) Identification requirements

We are required by law to verify your identity and current residential address before processing a withdrawal. This is a requirement of the Anti-Money Laundering and Counter Financing of Terrorism Act 2009.

You can confirm your identity and address by either our online verification tool (please complete section (d)) or by sending us certified/verified photocopies of the original documents as outlined in section (e) of the withdrawal form.

(d) Electronic Verification

If you have chosen electronic verification, you do not need to complete section (e). If you do not hold a New Zealand identification document you will need to complete section (e).

- I would like AMP to electronically verify my identity with my identification documents provided.
- I have included a copy of my New Zealand passport or New Zealand drivers license (please include the front and back).

(e) Your Identity documents

If you have chosen not to do the electronic verification, please complete this section and ensure the supporting documents are sent to AMP.

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

Option 1 ONE document from this section:

- | | |
|--|---|
| <input type="checkbox"/> NZ passport (identity page) | <input type="checkbox"/> NZ firearms license |
| <input type="checkbox"/> Overseas passport (identity page) | <input type="checkbox"/> NZ certificate of identity |

OR

Option 2 NZ driver licence **plus** ONE of the following:

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

OR

Option 3 18+ identity or Kiwi Access card **plus** ONE of the following:

- | |
|--|
| <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 |

Proof of address

Please provide one of the documents below as proof of your **residential address**. The document must be **addressed to you**, and dated within the **last six months**.

- Letter or invoice from utility company (eg electricity, gas, phone)
- Bank statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

1. If you are providing previously certified identity documents, please ensure the documents have been certified not more than three months prior.
2. Please attach only certified copies of the original documents to this form.
3. If providing a certified copy of a drivers licence, please ensure both sides are certified.

(f) Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (a) 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"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
 - 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, AMP employee or adviser

Dated

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (a) 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
 - In this capacity, I am authorised to take statutory declarations under the Laws of
 - 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

***(g) Your signature (All policy owner(s) to sign)**

I/We certify that, to the best of my knowledge and belief, the information above is true and correct.

Signature

Date

Signature

Date