



AMP Investment Trust

Deceased estate withdrawal application

Please send this completed form and any supporting documents to:

investments@amp.co.nz

or post to

AMP Services (NZ) Limited
Freeport 170, PO Box 55
Shortland Street, Auckland 1140

We're here to help

If you have any questions please contact your Adviser or call Customer Services on 0800 267 111.

RESET FORM

Use this form to apply for a withdrawal of a deceased member's AMP Investment Trust.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

An Adviser's disclosure statement is available from the member's Adviser on request and free of charge.

This member's balance is (please tick):

Over \$40,000

Did the member leave a will?

	Document required	Who is the personal representative?	Either Probate or Letters of Administration must be supplied with this form if the balance of the account is over \$40,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
Yes	Probate	Executor	
No	Letters of Administration	Administrator	

Under \$40,000

For estates under \$40,000 where no Probate or Letters of Administration are applied for, the following people can act as the personal representative and may apply for a withdrawal by completing this form only (make sure you complete clause 8 of the statutory declaration in Section (e)):

- the widow, widower, surviving civil union partner, or children of the deceased person
- a surviving de facto partner of the deceased person
- the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors or any of them
- any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors

If you have any questions when completing this form, please contact the member's Adviser or call Customer Services on **0800 267 111**.

*These fields must be completed

(a) Deceased member details

*Portfolio number

*Estate of (full name of member)

*Date of birth

Prescribed Investor Rate (PIR) 10.5% 17.5% 28%

PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If the deceased's PIR has changed, please advise us of the new PIR. If you're unsure of the deceased's PIR, please go to amp.co.nz/pie for help or contact the Member's Adviser or Inland Revenue.

*IRD number

(b) Personal representative details

*Full name of personal representative (1)

*Date of birth

*Postal address

Postcode

*Please provide at least one contact number

Daytime phone

Mobile phone

Personal Email

(e) Statutory declaration (continued)

8. Please complete for members with an account balance under \$40,000 only

- the deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for Letters of Administration.
- or
- the above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased's life in terms of Section 65 of the Administration Act 1969 and I/we will if called upon, indemnify AMP Wealth Management New Zealand Limited, and/or any related company and/or and Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

*Relationship to the deceased

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

Personal representative (1)

Declared at

***Personal representative(1) signature**

this (date)

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

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*Full name, title/office of person authorised to take a declaration

Date

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

of city (where signing)

*Occupation

Signature of person taking declaration

Official mark
Official mark

Personal representative (2)

Declared at

***Personal representative(2) signature**

this (date)

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

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*Full name, title/office of person authorised to take a declaration

Date

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

of city (where signing)

*Occupation

Signature of person taking declaration

Official mark
Official mark

Next steps

- We will process the request within five business days of approving this application (valuation day).
- We will process the withdrawal at the unit prices effective on the valuation day and send you confirmation of the payment made.
- If your request is not approved, or if we require further information, we will notify you.
- If requested documents and supporting information are not provided, your application will be declined.

(f) *Checklist

Please check you have completed the form correctly

- Have you completed all fields with an *?
- Have you included original or certified proof of bank account in Section (c)?
- Have you attached copies of the documents detailed in Section (d)?
- Have you completed the Statutory Declaration in Section (e) (including clause 8 if the member's account balance is under \$40,000)?

(g) For Adviser use only

Adviser name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Adviser's business name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I certify that I have completed the most recent training provided by AMP for this product, and have complied with the requirements of the Financial Markets Conduct Act 2013, and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

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