



Please send this completed form and any supporting documents to:
AMP Services (NZ) Limited
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
If you have any questions please contact your Adviser or call us on 0800 267 111.

AMP Investment Trust

Deceased estate withdrawal application

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.

Did the member leave a will?

	Document required	Who is the personal representative?
Yes	Probate	Executor
No	Letters of Administration	Administrator

Either Probate or Letters of Administration must be supplied with this form. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.

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%

*IRD number

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.

(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 () Email

*Full name of personal representative (2) Date of birth

*Postal address
 Postcode

*Please provide at least one contact number

Daytime phone () Mobile phone () Email

(e) Statutory declaration (continued)

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
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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
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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
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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
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of city (where signing)

*Occupation

Signature of person taking declaration

Official mark
Official mark

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Next steps

- If we approve your request, we'll credit your account with the amount approved within 8 days 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.
- You will receive the unit price on the day that the withdrawal request is approved.

(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)?

(g) For Adviser use only

AMP Adviser name (if applicable)

B	L	O	C	K		L	E	T	T	E	R	S				
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AMP 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 a:

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 Adviser
- Other _____

And I certify that the information provided in this Adviser use only section is correct and that I have complied with the requirements of the Financial Advisers Act 2008 and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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