



AMP Investment Trust (AIT)

Changing your investments form

Please email the completed form and supporting documents to **investments@amp.co.nz**

or post to:
AMP Services (NZ) Limited
Freepost 170, PO Box 55,
Shortland Street, Auckland 1140

We're here to help
If you have any questions, please contact us on **0800 267 111**.

RESET FORM

Use this form to reallocate your existing investment to a different fund or investment account and/or change where your future regular contributions will be invested.

Before completing this form you should refer to the most recent Product Disclosure Statement for AIT to see what changes you can make to your investments. For more information regarding your investment choices or for a copy of the latest Product Disclosure Statement, please contact your Adviser, or call us on **0800 267 111** or visit **amp.co.nz**.

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 email address above.

*These fields must be completed

(a) Your personal details

*Portfolio number

*Title

 Mr Mrs Ms Miss Mx Dr Other

*Date of birth

*First names

*Surname

^Title

 Mr Mrs Ms Miss Mx Dr Other

^Date of birth

^First names

^Surname

^Complete if joint membership

*Name of Entity (for Trusts, partnerships or companies)

*Postal address (if different from above)

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

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

*Personal email

*IRD number

*Prescribed Investor rate (PIR) 0% 10.5% 17.5% 28%

†Resident withholding tax rate 10.5% 17.5% 30% 33% 39%

‡If no PIR is selected, you will be defaulted to 28% unless you have previously notified us of your PIR. If this is a joint account, you must select the highest applicable PIR of the individuals.

†If no resident withholding tax rate is selected, you will be defaulted to 33% unless you have previously notified us of your rate.

Note: You are responsible for giving us your PIR for a particular tax return period and your IRD number. If your PIR has changed, please tell us your new PIR. If you're unsure of your PIR, please go to amp.co.nz/pie or contact your Adviser or call Inland Revenue.

(b) New investment instructions

1. Change your investment between accounts

Please tick if you don't want to switch your investment between accounts

| Select one of the following options to complete the switch | | | | | |
|---|-----------------------|--------------|---|-----|--|
| From investment account | To investment account | Name of fund | % | \$# | Switch full value of account (please tick) |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

*WHERE YOU CHOOSE THE \$ OPTION WE MAY NEED TO ADJUST THE \$ AMOUNT IF THE VALUE OF YOUR ACCOUNT HAS CHANGED BY THE TIME WE HAVE RECEIVED THE FULLY COMPLETED FORM.

2. Change your current investment between investment funds

Please switch my fund(s) as set out below.

Make sure you include the full details of the investment fund you are switching from and to:

- The name of the investment fund
- The name of the investment account

| Investment account | From investment fund(s) | To investment fund(s) | % | \$# |
|--------------------|-------------------------|-----------------------|---|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*WHERE \$ ARE USED WE MAY NEED TO ADJUST THE \$ AMOUNT IF THE VALUE OF YOUR ACCOUNT HAS CHANGED BY THE TIME WE HAVE RECEIVED THE FULLY COMPLETED FORM.

3. Investment of future regular contributions

Please tick if you don't want to change your investment fund for future regular contributions

Please apply my future contributions to my portfolio as follows:

| Investment account | Investment fund | % of contribution |
|--------------------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | 100% |

Rebalance your investment

Please tick if you want to 'Rebalance' your existing investments according to the regular contribution instructions detailed above. Rebalancing will cause PIE tax to be deducted.

How often would you like to rebalance your investments? (Please tick)

- Account 1 Monthly Quarterly Half Yearly Yearly
- Account 2 Monthly Quarterly Half Yearly Yearly
- Account 3 Monthly Quarterly Half Yearly Yearly
- Account 4 Monthly Quarterly Half Yearly Yearly

(if you have chosen to rebalance your investment but no option is chosen, rebalancing will be defaulted to quarterly)

Yearly increase facility

Please tell us if you would like a yearly increase to your regular payments:

- No
 Yes (select one): CPI or % (minimum 5%)

(c) *Advice

Do you have an adviser?

(i.e. an individual who is authorised to provide financial advice to you in relation to AMP Products)

Yes No

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

(d) *Your signature

To AMP Wealth Management New Zealand Limited ("AMP"):

Subject to any limitations or conditions set by the Manager, Supervisor or a Fund Manager or arising from the Product Disclosure Statement, Trust Deed and rules, please act on the above instructions.

- I acknowledge that if for any reason AMP is not able to accept or process these investment instructions, AMP will contact me, or my Adviser. Until such time as these investment instructions are accepted and processed by AMP, any contribution I make will be invested in accordance with the existing investment instructions.
- I acknowledge that the price at which AMP makes these changes will be the price applying on the day AMP processes the fully completed form.

Member signature

Date

Member signature

Date

(e) 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

Date

*Checklist

Please check you have completed the form correctly

- Have you completed all fields with an *?
 Have you completed all sub-sections 1, 2 & 3 (where applicable) in section (b)?
 If you have an Adviser, have they completed section (e)?