



Please send this completed form and 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 0800 267 111.

# Personal Superannuation Scheme (PSS)

## Additional contributions

Use this form to make an additional lump sum contribution or set up a new regular payment into the fund(s) you already hold an investment in. 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. A disclosure statement is available from your Adviser on request and free of charge.

\* These fields must be completed

### (a) Your personal details

\*Portfolio number

\*Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*Date of birth

\*First names

\*Surname

^Title

 Mr  Mrs  Ms  Miss  Dr  Other 

^Date of birth

^First names

^Surname

^Complete if joint membership

\*Email

\*Postal address

Postcode

\*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

### (b) Your additional contribution details

\*Please tell us how you would like to make your additional contribution (please tick those that apply).

 **Additional lump sum payment** Lump sum payment amount \$ 

If you're making an additional lump sum investment by cheque, please make this payable to 'AMP Investment Suite Subscription Account' and attach it to this form.

 **Transfer from an existing AMP product – the existing product must allow you to transfer**

Existing AMP product number

Existing AMP product type

Amount to be transferred

Please also complete the AMP Product Transfer Form available from your Adviser or by calling us on 0800 267 111.

## New regular payment

To set up a new regular investment to your plan, complete the Direct Debit Authority available at [amp.co.nz](http://amp.co.nz) and attach to this form.

Tell us if you'd like a yearly increase to your regular payment  Yes (select one)  CPI or  % (minimum 5%)

## Please tell us how you would like your additional contribution split across your account(s) and funds.

\*Do you want to allocate your additional contribution as per the portfolio's existing investment profile?

Yes (Please go to straight to Section (c). You **do not** need to complete the table below)

No (please complete the table below. The information you provide below applies to all future payments unless you advise otherwise)

Fund	Lump sum payment					Regular payments				Office Use
	Account 1	Account 2	Account 3	Account 4		Account 1	Account 2	Account 3	Account 4	
Percentage of lump sum and/or regular payment amount to each account (this row must total 100%) <sup>≠</sup>	%	%	%	%	100%	%	%	%	%	100%
<b>Diversified funds</b>										
Select Conservative	%	%	%	%		%	%	%	%	352
Select Balanced	%	%	%	%		%	%	%	%	353
Select Growth	%	%	%	%		%	%	%	%	354
<b>Single sector funds</b>										
Select Income	%	%	%	%		%	%	%	%	351
Select Cash	%	%	%	%		%	%	%	%	350
NZ Cash	%	%	%	%		%	%	%	%	365
AMPCI NZ Fixed Interest	%	%	%	%		%	%	%	%	359
AMPCI Global Fixed Interest	%	%	%	%		%	%	%	%	357
Global Bonds – Multi Manager	%	%	%	%		%	%	%	%	361
AMPCI NZ Shares Index	%	%	%	%		%	%	%	%	358
AMPCI NZ Shares	%	%	%	%		%	%	%	%	362
AMPCI Global Shares Index	%	%	%	%		%	%	%	%	364
AMPCI Global Shares Index Hedged	%	%	%	%		%	%	%	%	325
AMPCI Global Shares	%	%	%	%		%	%	%	%	366
<b>Total**</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

If you have more than four accounts that you want to make an additional contribution to, please photocopy this page and attach to this form.

### Notes

<sup>≠</sup> The 'Percentage of lump sum and/or regular payment amount to each account' row must sum to 100%.

\*\* Each column should sum to 100% (excluding the 'Percentage of lump sum and/or regular payment amount to each account' row).

## Advice

\*Have you received financial advice in making this decision?

Yes

No

If yes, please ask your Adviser to complete Section (e).

## (c) Acknowledgements

1. I/We confirm that I/we have received, read and understood and agree to be bound by the terms of the most recent Investment Statement for the AMP Personal Superannuation Scheme.
2. I/We acknowledge that this application, and any personal statements made in connection with it, will form the basis of, and be included in, the contract for investments with AMP. The relevant legal documentation will contain the usual conditions and the special conditions, if any agreed upon.
3. I/We understand that none of the Supervisor, AMP, or any related company of the Supervisor or AMP, their directors or any other person guarantees the performance of the Personal Superannuation Scheme or the funds.
4. I/We acknowledge that
  - a. choosing an investment fund (or funds) is my responsibility, and that neither AMP nor the Supervisor is to be regarded as representing or implying that my chosen investment fund or funds is appropriate for my personal circumstance;
  - b. my choice of investment fund or funds will be a binding direction from me to AMP.

Signature

SIGN HERE

Date

D D M M Y Y Y Y

Signature

SIGN HERE

Date

D D M M Y Y Y Y

Or, if the applicant is under the age of 18, the applicant's parent(s) or guardian(s) must confirm the following statement and sign below;

I/We, FULL NAME OF PARENT OR GUARDIAN, confirm that I/we have read and accepted the 'Acknowledgements' in section (c) on behalf of the minor named in Section (a).

Signature(s) or parent(s) or guardian(s)

SIGN HERE

Date

D D M M Y Y Y Y

We may contact you for additional information to complete applications for applicants under the age of 18.

## (d) Account names and Adviser Fees

Account name	Portfolio servicing fee	One-off advice fee
1.	UP TO 1.5% OR \$ P.A.	NIL OR \$
2.	UP TO 1.5% OR \$ P.A.	NIL OR \$
3.	UP TO 1.5% OR \$ P.A.	NIL OR \$
4.	UP TO 1.5% OR \$ P.A.	NIL OR \$

**(e) 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 an

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

And I certify that the information provided in this Adviser Information 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
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Date

D	D	M	M	Y	Y	Y	Y
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**\*Checklist**

Please check you have completed the form correctly

- Have you completed all fields with an\*?
- Have all required investors signed and dated the form?