



AMP New Zealand Retirement Trust (NZRT)

Deceased member withdrawal application

Please send this completed form and supporting documents to:
NZRT Customer Services
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
Please call us on 0800 808 267 if you have any queries.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

Once you have completed and signed this form please send it and any supporting documents to the address above.

A disclosure statement is available from an Adviser on request and free of charge.

*These sections must be completed

Use this form to apply for a withdrawal of a deceased member's NZRT savings, including any Personal Superannuation, QROPS and State Sector Retirement Savings.

If you want to know which requirements are necessary, please contact the deceased member's Adviser or call Customer Service on 0800 808 267.

The member's NZRT account balance is (please tick):

Over \$15,000

Did the member leave a will?

	Document required	Who is the personal representative?	
Yes	Probate	Executor	Either Probate or Letters of Administration must be supplied with this application if the member's NZRT account balance is over \$15,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
No	Letters of Administration	Administrator	

Under \$15,000

For a member with an NZRT account balance under \$15,000 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 (make sure you complete clause 8 of the statutory declaration in Section (e)).

- (a) The widow, widower, surviving civil union partner, or children of the deceased person.
- (b) A surviving de facto partner of the deceased person.
- (c) The persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person.
- (d) Any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand.
- (e) 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.
- (f) 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.

(a) *Deceased member details – Please ensure all boxes are fully completed to assist processing

Member number and/or NZRT QROPS Member number and/or My Super Member number

Estate of (full name of member) Date of birth

PIR tax rate 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 member's PIR tax details have changed, please advise the new Prescribed Investor Rate (PIR tax rate). Please visit www.ird.co.nz to help determine the member's correct PIR tax rate.

Date member ceased to be UK tax resident (only to be completed if member has a QROPS account).

(b) *Personal representative details – Please ensure all boxes are fully completed to assist processing

Personal representative (1)

Full name Date of birth

D	D	M	M	Y	Y	Y	Y
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Residential address
 Postcode

Postal address
 Postcode

Please provide at least one contact number

Home phone () Work phone () Mobile phone ()

Email

Personal representative (2)

Full name Date of birth

D	D	M	M	Y	Y	Y	Y
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Residential address

Postal address
 Postcode

Please provide at least one contact number

Home phone () Work phone () Mobile phone ()

Email

If the deceased member had a QROPS account in the NZRT please provide the following details

As part of our reporting requirements to Her Majesty's Revenue and Customs (HMRC) we are required to provide this information for each recipient that the member's balances is paid to. If you do not provide us with this information we will be unable to process this application.

Personal representative (1)

Your UK National Insurance Number or Tax Identification Number (if any) Your IRD number (if any) Any other tax reference numbers (if any)

Personal representative (2)

Your UK National Insurance Number or Tax Identification Number (if any) Your IRD number (if any) Any other tax reference numbers (if any)

(c) *Payment instructions – Please ensure all boxes are fully completed to assist processing

Please provide proof of bank account in the form of an original pre-encoded bank deposit slip or a certified true copy of a bank statement. The bank account must be a New Zealand bank account in the name of the executor of the member's estate, personal representative(s) or solicitor's trust account.

Account name

Account number

(d) *Supporting documentation – Please ensure all boxes are fully completed to assist processing

Please supply the following supporting documentation with this application

Member's NZRT account balance is over \$15,000 (please tick)

- A certified copy of a NZ driver's licence or passport for the executors or personal representative(s)
- An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the executor of the member's estate, solicitor's trust account or personal representative(s))
- A certified copy of the full death certificate of the deceased member
- Certified copy of Probate or Letters of Administration
- Section (e) (excluding clause 8) of this form

Member's NZRT account balance is under \$15,000 (please tick)

- A certified copy of a NZ driver's licence or passport for the executors or personal representative(s)
- An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the executor of the member's estate, solicitor's trust account or personal representative(s))
- A certified copy of the full death certificate of the deceased member
- Section (e) (including clause 8) of this form completed
- A copy of the will, where there is one

What is a certified copy?

This means that a Justice of the Peace or Solicitor must certify that the copies being provided are true and correct copies of the original document. To do this, any copied document must have the statement: I certify that I have sighted the original document and this is a true and correct copy (stamped or written on the copy) and must be signed by the Justice of the Peace or Solicitor.

If you are providing previously certified documents, please ensure the documents have been certified not more than 3 months prior.

(e) *Statutory declaration – Please ensure all boxes are fully completed to assist processing

Full name of personal representative (1)

Full name of personal representative (2)

do solemnly and sincerely declare that:

1. I/We acknowledge that the Privacy Act 1993 provides me/us with the right to request access to and/or correction of any of my/our personal information held by AMP (AMP in this context includes all the members of the AMP Group of Companies and their subsidiaries, associated companies and agents) or the Supervisor of the NZRT. I/We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of the NZRT (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). I/We authorise AMP and/or the Supervisor to obtain additional information in relation to this application from any third party/entity. The information may also be used by AMP or third parties to offer me other products or services made available within the AMP group.
2. I am/We are applying to AMP for a full withdrawal of the member's NZRT account to be paid into the bank account specified in this form and I/we understand that the deceased member's membership of the NZRT will end.
3. I/We confirm that the information in this application (and any attachments to this application) is true and correct.
4. I/We understand that acceptance of the application is at the discretion of AMP and that fees may apply.
5. I/We understand that AMP may request additional information from me/us relating to this application.
6. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I/we am/are properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
7. I/We understand that if I am/we are withdrawing funds from a deceased member's QROPS account, I/we will be liable for any tax charges imposed by HMRC in respect of that withdrawal.
8. I/We indemnify the Supervisor, AMP and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of the deceased member's membership of the NZRT and/or withdrawal amount.

9. Please complete for members with an NZRT account balance under \$15,000 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, and/or any related company and/or the 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)** – Please ensure all boxes are fully completed to assist processing

Declared at

PLACE

Personal representative (1) signature

SIGN HERE

this (date)

D D M M Y Y Y Y

Official mark

Official mark

Before me (**Justice of the Peace, solicitor, Notary public**, or other person authorised to take statutory declaration, such as the **Registrar or Deputy Registrar of the High Court** or of **any District Court or a member of Parliament**):

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

Date

D D M M Y Y Y Y

of city (where signing)

PLACE

Occupation

Signature of person authorised to take a declaration

SIGN HERE

***Personal representative (2)** – Please ensure all boxes are fully completed to assist processing

Declared at

PLACE

Personal representative (2) signature

SIGN HERE

this (date)

D D M M Y Y Y Y

Official mark

Official mark

Before me (**Justice of the Peace, solicitor, Notary public**, or other person authorised to take statutory declaration, such as the **Registrar or Deputy Registrar of the High Court** or of **any District Court or a member of Parliament**):

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

Date

D D M M Y Y Y Y

of city (where signing)

PLACE

Occupation

Signature of person authorised to take a declaration

SIGN HERE

(f) For Adviser use only

AMP Adviser name (if applicable)

B L O C K L E T T E R S

AMP Adviser number

FSPN (please use your QFE's FSPN if you are a QFE Adviser)

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 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

Next steps:

- If the request is approved we will process the withdrawal request within 8 working days. We will process the withdrawal at the unit prices effective on the day of the withdrawal.
- If the request is approved we will direct credit the nominated account and send you a letter confirming the amount of your withdrawal.
- If the request is not approved we will advise you.

(g) *Checklist

Please check you have completed the form correctly

- Have you completed all sections with an *?
- Have you attached copies of documents detailed in section (d)?
- Have you completed the Statutory Declaration in section (e) (including clause 9 if the member's NZRT account balance is under \$15,000)?
- If withdrawing from an NZRT-QROPS account, have you provided your tax information in section (b)?