



# FlexiSaver New Zealand Retirement Trust (NZRT) Application form

Please send this completed form and supporting documents to:  
**Email [wpa@amp.co.nz](mailto:wpa@amp.co.nz)**  
 or  
**NZRT Customer Services**  
 Freepost 170, PO Box 55  
 Shortland Street, Auckland 1140  
**If you have any questions, please contact your Adviser or call us on 0800 800 267.**

Product Disclosure Statement dated 1 April 2022

Please tick if you have transferred any UK sourced pension funds into a **Qualifying Recognised Overseas Pension Scheme (QROPS) account in the NZRT.**  
**If you have ticked this box we highly recommend you speak to your financial adviser as there may be additional withdrawal rules and restrictions that will apply to all your NZRT account balances.**  
**If you would like any help or have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 800 267. Your Adviser's disclosure statement is available from your Adviser on request and free of charge.**

\*These sections must be completed

## (a) \*Your personal details

Title  Mr  Mrs  Ms  Miss  Dr  Other

Date of birth

First names

Surname

Residential address

Postcode

Postal address (if different to Residential address)

Postcode

Please provide at least one contact phone number

Home phone  ( )

Work phone  ( )

Mobile phone  ( )

Personal email address

IRD number

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

(Please note: We cannot process your application until we receive your IRD number.)

To help determine your PIR, go to [amp.co.nz/PIE](http://amp.co.nz/PIE) or [ird.govt.nz](http://ird.govt.nz). If a PIR is not selected or you supply an incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instruct AMP to apply a different PIR.

Please give us a nominated bank account for all withdrawals. The bank account must be a NZ bank account. This should be in your name or be a joint account incorporating your name.

Bank account to which withdrawal payments will be made:

Account name

Bank

Branch

Account number

Suffix

## \*Foreign Tax Residency Details

\*Are you a tax resident of a country other than New Zealand?  Yes  No

If you have responded "no" please go to section (b) Contributions.

If you have responded "yes" please provide your details in the below table before continuing;

	Country of foreign tax residency	*Tax identification number (TIN)	If you cannot provide the tax identification number, please insert reason A or B from the list below
1			
2			
3			

A tax identification number is an identifying number used for tax purposes, normally issued by the local tax authority in a country – e.g. in New Zealand the Inland Revenue issues an IRD Number.

### The reason the TIN is not available is

A The country of my tax residence does not issue TINs

B The country of my tax residence does not require TIN to be disclosed

## (b) \*Contributions

Please tell us your level of contributions below.

### My contribution to the NZRT will be:

- Nil or
- % of annual earnings or
- \$  per year/month (tick one)

### My employer's contribution to the NZRT will be:

- Nil or
- % of annual earnings or
- \$  per year/month (tick one)

### And/or my voluntary contribution will be:

- Nil or
- % of annual earnings or
- \$  per year/month (tick one)

**Please note** – you generally make contributions through deductions from your annual earnings. Your Member Booklet will tell you the definition of annual earnings. It will also tell you whether a minimum or set rate or amount of contributions applies and what options are available including whether you can make voluntary contributions under your employer's plan – please review this before providing your total(s) above.

## (c) \*Select your investment options

Investment option	% of contribution
AMP Lifesteps Investment Programme	
<b>Diversified funds</b>	
AMP Conservative Fund	
AMP Moderate Fund	
AMP Moderate Balanced Fund	
AMP Balanced Fund	
AMP Growth Fund	
AMP Aggressive Fund	
Declared Rate Fund <sup>1</sup>	
AMP Balanced Fund No. 2 <sup>2</sup>	
ANZ Conservative Fund	
ANZ Balanced Growth Fund	
ANZ Growth Fund	
ASB Moderate Fund	
ASB Balanced Fund	
ASB Growth Fund	
Mercer Balanced Fund	
AMP Balanced Fund No. 3 <sup>3</sup>	
Nikko AM Conservative Fund	
Nikko AM Balanced Fund	
Nikko AM Growth Fund	
Milford Conservative Fund	
Milford Balanced Fund	
Milford Active Growth Fund	
Milford Aggressive Fund	

Investment option	% of contribution
<b>Goal-based funds</b>	
Macquarie Income Generator Fund <sup>4</sup>	
Macquarie Global Multi-Asset Fund <sup>5</sup>	
<b>Single sector funds</b>	
AMP Cash Fund	
AMP NZ Fixed Interest Fund <sup>6</sup>	
AMP Global Fixed Interest Fund	
AMP Australasian Shares Fund	
AMP International Shares Fund	
AMP International Shares Fund No. 2 <sup>7</sup>	
ANZ Property Fund <sup>8</sup>	
<b>Total</b>	<b>100%</b>

You can choose **up to seven** investment options which must add up to 100% of contributions.

If you do not choose any investment options you will be defaulted into the AMP Lifesteps Investment Programme.

Please note: The AMP Lifesteps Investment Programme is age-based. Please check you have provided your correct date of birth in section (a), as we will invest your funds in accordance with that date of birth. We take no responsibility for incorrect information.

<sup>1</sup>Formerly AMP Capital Assured Fund

<sup>2</sup>Formerly AMP Ethical Balanced Fund

<sup>3</sup>Formerly Koru Balanced Fund

<sup>4</sup>Formerly AMP Capital Income Generator Fund

<sup>5</sup>Formerly AMP Capital Global Multi-Asset Fund

<sup>6</sup>Formerly AMP Capital NZ Fixed Interest Fund

<sup>7</sup>Formerly AMP Passive International Shares Fund

<sup>8</sup>Formerly AMP Capital Listed Property Fund

**(d) Insurance cover – if available under your employer’s plan**

If your occupation involves working:

- underground, underwater or at heights (above 10m), with asbestos or explosives, or riding or training horses; or
- in an abattoir, aeroplane, mine, quarry or oil rig; or
- in the armed services, law enforcement, forestry (manual work) or building demolition; or
- as a professional sportsperson, entertainer, model or musician, firefighter, air traffic controller or stevedore,

please give full details below so we can determine if we can offer you total and permanent disablement cover (if applicable):


**(e) Joining the NZRT**

1. I apply for membership of the Workplace Savings Section of the NZRT.
2. I have received, read and understood the Product Disclosure Statement as at the date on the front of this application form, the NZRT Fund Update Booklet and the Member Booklet for my employer’s plan.
3. I understand my rights and benefits as a member of the NZRT.
4. If my application is accepted by AMP, I agree to be bound by the trust deed, the NZRT rules and the rules of my employer’s plan and the terms set out in the Product Disclosure Statement, online Register Entry and this Application Form.
5. I authorise my Employer to deduct from my earnings the amounts required to pay my contributions.
6. I acknowledge that I have rights of access to, and correction of, the information held by AMP or the Supervisor of the NZRT subject to the provisions of the Privacy Act 2020 (as amended or superseded). I understand that the information supplied by me with this application and any subsequent information provided in connection with my membership, either by me, my employer, the Inland Revenue or any other authorised party, will be used by AMP and the Administration Manager to verify my identity, process this application and to administer my membership of the NZRT (and may be disclosed for these purposes to other parties where relevant, including the Supervisor, my employer, my adviser, an employer’s adviser, or another intermediary or distributor or to any other party as required to administer my membership). The information may also be used by AMP or third parties to offer me other products or services made available by the AMP group, and for market research purposes. I can access and if required correct my personal information by contacting AMP.
7. I understand that none of the Supervisor, AMP, or any related company of the Supervisor or AMP (including AMP Services), their directors or any other person guarantees the performance of NZRT or the Funds.
8. I understand that AMP can’t process any withdrawal until my identity has been verified.
9. I consent to receiving electronic messages and information regarding the NZRT and any other products, services or promotions offered by AMP (or related companies of AMP) and I agree, pursuant to the Unsolicited Electronic Messages Act 2007, that the person sending any such message need not include a functional unsubscribe facility in the message.
10. I acknowledge that choosing an investment option (or options) is solely my responsibility, neither AMP nor the Supervisor is to be regarded as representing or implying that any particular investment option (or options) is (or are) appropriate for my personal circumstances and my investment choice is a binding direction from me to AMP. I further acknowledge that if I fail to make a valid selection, or my employer has chosen an investment option for me in accordance with my employer’s plan, all contributions to the NZRT for my benefit will be invested in accordance with the Member Booklet for my employer plan.
11. In the event I leave employment and a payment is due to me from the NZRT, I authorise AMP to contact my Employer to obtain any details of my bank account it may hold (and I authorise my Employer to release such information to AMP) in order to facilitate the payment.
12. I authorise AMP to disclose member information to the Financial Markets Authority as may be required from time to time under the Financial Markets Conduct Act 2013.

**(f) \*Signature of applicant**

Signature of applicant

SIGN HERE
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Date

D	D	M	M	2	0	Y	Y
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**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 (g).

**(g) Adviser use only**

Is the employee a member of the AMP KiwiSaver Scheme?

Yes  No

If yes, which date did the employee join the AMP KiwiSaver Scheme?

Adviser name

AMP 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

**(h) \*Employer details – this part is to be completed in full by your employer**

Employer name

Plan name

Employee number

Plan number

Category of membership

Date joined employer

Associated employer

Date joined NZRT

Employee location

Site location

Annual income

If you operate more than one payroll, which payroll is the employee being paid from?

The employee named in this application is nominated to join the Workplace Savings Section of the NZRT, based on the information supplied. The employer makes the following declarations concerning the employee (delete any which do not apply):

- At the date of joining the NZRT the employee meets the employer's normal criteria for being offered membership.
- The employer confirms that the employee named in this application is employed by the employer; or
- The relationship is not one of employment and a verification of identity form has been completed.
- The employee has received copies of the Product Disclosure Statement, Fund Update Booklet and Member Booklet.

For plans that offer life insurance or life and total and permanent disablement or terminal illness insurance:

- The employee has been eligible to join the NZRT for no more than three months.
- On the date of joining the NZRT (or, if this certification is completed before the date of joining the NZRT, on the working day immediately before this certification) the employee was at work performing normal full-time duties or was on leave for a reason other than sickness or injury.

**(i) \*Signature of employer**

Signature

Date

Name and job title

**\*Checklist**

Please check the application form has been completed correctly

- Have all sections with a \* been completed?
- If applicable, has your Adviser completed section (g)?
- Has your employer completed the employer details section in section (h), and the Category of membership?