



Please send this completed form and supporting documents to:

Email workplaceadmin@amp.co.nz

or

AMP Customer Services - NZRT

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.

# New Zealand Retirement Trust (NZRT) Annual disclosure declaration

\*These fields must be completed

## (a) Employer details – The employer named below is a participant in the NZRT and has agreed to be bound by the Trust Deed and Rules.

Employer's name  \*Plan number

Registered company number  \*Plan name

Postal address  Postcode

Physical address  Postcode

\*Contact person  Mr  Mrs  Miss  Ms  Dr Contact person's position

\*Phone number  ( ) Email

## (b) \*Contribution declaration

I declare since the later of:

the last Plan Year date  OR the date your NZRT Plan began

contributions paid in relation to each member of the Plan have been made in accordance with the Trust Deed, Rules, Employer Agreement and Benefit Schedule. Furthermore, each member currently fulfils the eligibility criteria for their respective category of membership.

In order to assist us in keeping your Member Booklet/s up-to-date, please advise the current status of your Plan:

The Plan is open for new members, or

The Plan is closed to new members until further notice, or

Neither apply, Plan status details are below:

## (c) \*Signed on behalf of the employer

SIGN HERE

Date

Position held