



AMP Personal Retirement Plan

Deceased estate withdrawal application

RESET FORM

Please email this 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 your Adviser or call
Customer Services on 0800 267 111

Use this form to apply for a withdrawal of a deceased member's AMP Personal Retirement Plan.

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.

This member's balance is (please tick):

☐ **Over \$40,000**

Did the member leave a will?

| | Document required | Who is the personal representative? | Either Probate or Letters of Administration must be supplied with this form if the balance of the account is over \$40,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor. |
|-----|---------------------------|-------------------------------------|--|
| Yes | Probate | Executor | |
| No | Letters of Administration | Administrator | |

☐ **Under \$40,000**

For estates under \$40,000 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 only (make sure you complete clause 8 of the statutory declaration in Section (e)):

- the widow, widower, surviving civil union partner, or children of the deceased person
- a surviving de facto partner of the deceased person
- the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- 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
- 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

If you have any questions when completing this form, please contact the member's Adviser or call Customer Services on **0800 267 111**.

*These fields must be completed

(a) Deceased member details

*Portfolio number

*Estate of (full name of member)

*Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(b) Personal representative details

*Full name of personal representative (1)

*Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

*Postal address

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

*Please provide at least one contact number

Daytime phone

Mobile phone

Email

| | | | | | | | |
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The bank account must be a New Zealand bank account in the name of the member's estate, personal representative(s) or solicitor's trust account.

[illegible][illegible]

(4) *Comparative advantage evaluation

| | | | |
|--|--|---|--|
| Balance of account is over \$40 000 (please tick): | | Balance of account is under \$40 000 (please tick): | |
|--|--|---|--|

- ☐ A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(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 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.

- ☐ A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(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 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 certified copy of the will, where there is one.

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.

(*) *Source: Authors' calculations.*

1. I am/We are applying to AMP for a full withdrawal of the member's account balance with AMP to be paid into the bank account specified in this form;
2. I/We confirm that the information in this form (and any attachments to this application) is true and correct;
3. I/We understand that acceptance of the withdrawal is at the discretion of AMP and that fees may apply;
4. I/We understand that AMP may request additional information from me/us relating to this application;
5. I/We acknowledge that the Privacy Act 2020 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).
I/We understand that the information supplied by me/us with this form will be used to process this withdrawal and to administer the deceased's investments (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.
6. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this withdrawal and that no other person has any claim against it.
7. 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's investments and/or withdrawal amount.

(e) Statutory declaration (continued)

8. Please complete for members with an account balance under \$40,000 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 Wealth Management New Zealand Limited, and/or any related company and/or and 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)

Declared at

*Personal representative(1) signature

this (date)

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

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

Date

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

of city (where signing)

*Occupation

Signature of person taking declaration

Official mark

Official mark

Personal representative (2)

Declared at

*Personal representative(2) signature

this (date)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

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

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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of city (where signing)

*Occupation

Signature of person taking declaration

Official mark

Official mark

Next steps

- If we approve your request, we'll credit your account with the amount approved within 8 days and send you confirmation of the payment made. If your request is not approved, or if we require further information, we will notify you.
- If requested documents and supporting information are not provided, your application will be declined.
- You will receive the unit price on the day that the withdrawal request is approved.

(f) *Checklist

Please check you have completed the form correctly

- ☐ Have you completed all fields with an *?
- ☐ Have you included original or certified proof of bank account in Section (c)?
- ☐ Have you attached copies of the documents detailed in Section (d)?
- ☐ Have you completed the Statutory Declaration in Section (e) (including clause 8 if the member's account balance is under \$40,000)?

(g) For Adviser use only

Adviser name

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

Adviser code

| | | | | | | | | | | | |
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Adviser's business name

| | | | | | | | | | | | | | | | | |
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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

SIGN HERE

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|