



# AMP Personal Superannuation Scheme & AMP Personal Retirement Plan

## Deceased estate withdrawal application

Please send this completed form and any supporting documents to:  
**AMP Services (NZ) Limited**  
Freeport 170, PO Box 55  
Shortland Street, Auckland 1140  
If you have any questions please contact your Adviser or call us on 0800 267 111.

Use this form to apply for a withdrawal of a deceased member's AMP Personal Superannuation Scheme or 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.

An Adviser's disclosure statement is available from the member's Adviser on request and free of charge.

This member's balance is (please tick):

Over \$15,000

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 \$15,000. 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 \$15,000

For estates 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 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
---	---	---	---	---	---	---	---

#### For AMP Personal Superannuation Scheme only.

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

\*IRD number

--	--	--	--	--	--	--	--	--	--

PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If the deceased's PIR has changed, please advise us of the new PIR. If you're unsure of the deceased's PIR, please go to [amp.co.nz/pie](http://amp.co.nz/pie) for help or contact the Member's Adviser or Inland Revenue.

### (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



**(e) Statutory declaration (continued)**

**8. Please complete for member's with an 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 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)

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
---	---	---	---	---	---	---	---

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
---	---	---	---	---	---	---	---

of city (where signing)

\*Occupation

**Signature of person taking declaration**

Official mark
Official mark

Send your completed form to:

**AMP Services (NZ) limited, Freepost 170, PO Box 55, Shortland Street, Auckland 1140**

**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 \$15,000)?

**(g) 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 a:

- 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
---	---	---	---	---	---	---	---