



Please post this completed form and any supporting documents to:

**AMP Customer Services,  
Freepost 170, PO Box 55,  
Shortland Street, Auckland 1140**

Email [investments@amp.co.nz](mailto:investments@amp.co.nz)

# Change of personal details - investments

**Use this form to change your investment product personal details.**

Once you have completed your details, sign and send the form and any supporting documents to the address above.

**If you would like any help or have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 808 267. A disclosure statement is available from your Adviser on request and free of charge.**

\*These fields must be completed

## (a) Your personal details

\*AMP Product name

\*Plan/Portfolio number

\*Date of birth

\*Name

\*Postal Address

\*Please provide at least one contact number.

Home Phone

Work Phone

Mobile Phone

Personal Email

IRD number (if you have an 8 digit IRD number leave the first box blank)

PIE tax rate<sup>^</sup>: 0%  10.5%  17.5%  28%

Resident withholding tax rate<sup>†</sup>: 10.5%  17.5%  30%  33%

## (b) New details

Please indicate which details you are changing by ticking the box below.

Name

Please attach a copy of the document showing the legal change of name (eg. marriage certificate or deed poll).

Address

Telephone

Home Phone

Work Phone

Mobile Phone

Email

IRD number

(if you have an 8 digit IRD number leave the first box blank)

PIE tax rate<sup>^</sup>: 0%  10.5%  17.5%  28%

Resident withholding tax rate<sup>†</sup>: 10.5%  17.5%  30%  33%

<sup>^</sup>If no PIE Tax Rate is selected, you will be defaulted to 28% unless you have previously notified us of your rate. If this is a joint account, you must select the highest applicable PIE Tax Rate of the individuals.

<sup>†</sup>If no RWT Rate is selected, you will be defaulted to 33% unless you have previously notified us of your rate.

\*\*Please note that if you wish to change the nominated bank account that your direct debit operates from, you must complete a new direct debit authority form.

**\*(c) Your signature**

I/We advise that the above information is correct and that AMP is authorised to amend my records to reflect these changes. If there is more than one owner, please ensure that all owners sign below.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Signature

Date

D	D	M	M	Y	Y	Y	Y
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