



Please post this completed form and supporting documents to:

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

Nominated Bank Account Form

*These fields must be completed

Use this form to add or change your nominated bank account for your investment.

Your nominated bank account is the bank account you nominate as the designated bank account to which AMP will issue funds when making a payment from your investment.

When updating your nominated bank account details with us you are required to provide verified identification and proof of bank account.

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.

*AMP Product name

*AMP policy/portfolio number

(a) Policy owner(s) details – Please ensure all boxes are fully completed to assist with processing

All policy owner(s) please complete the details below and provide verified identification see overleaf.

Primary policy owner details (Correspondence will be sent to the address of the primary policy owner only)

Title Mr Mrs Ms Miss Dr Other *Date of birth

*First names

*Surname

*Postal address

 Postcode

*Please provide at least one contact number

Home phone

Work phone

Mobile phone

*Personal email

Second policy owner details (if applicable)

Title Mr Mrs Ms Miss Dr Other *Date of birth

*First names

*Surname

*Please provide at least one contact number

Home phone

Work phone

Mobile phone

*Personal email

(b) Nominated bank account details

The nominated bank account must be a New Zealand bank account in the name(s) or be a joint account incorporating the name(s) of the policy owner(s).

*Account name

*Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Please provide proof of your nominated bank account, and tick one of the following options. If option b or c is provided the document will need to be certified, see section (d).

- a. An original pre-encoded bank deposit slip
- b. Certified true copy of a bank statement
- c. Other (certified true copy of proof of bank account)

***(c) Provide your identification to verify your identity**

Please provide identification documents for all policy owner(s) to verify their identity. Please complete Option 1 in the table below for all policy owner(s) and attach copies of the requested document(s) (please tick which document(s) you are providing). **If you cannot provide a document from Option 1, then complete Option 2 or 3.**

Option 1: ONE document from this section	
<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity
Option 2: <input type="checkbox"/> NZ Driver's Licence PLUS (ONE of the of the documents from this section)	
<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months
Option 3: <input type="checkbox"/> 18+ Identity card PLUS (ONE of the documents from this section)	
<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government

IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

***(d) Certify or verify your identity and nominated bank account documents**

Your identity and nominated bank account documents can be certified by a trusted referee (use the first box below), or verified by an Adviser or AMP employee acting as agent of AMP (use the second box below)

DECLARATION BY TRUSTED REFEREE

I, confirm that

- 1. I have sighted today the original of each document identified with a tick(s) in section (b) and (c) above verifying the identity and nominated bank account details of the policy owner(s) named in section (a) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
- 2. The documents that have been provided represent the identity of the policy owner(s) named in section (a) of this form.
- 3. I am a **(tick one of the following)**

- New Zealand lawyer
- Justice of the Peace
- Notary public
- Registered medical doctor
- Chartered accountant
- Police constable
- Registered teacher
- Kaumātua
- Member of Parliament
- Minister of religion
- Commonwealth representative
- NZ Honorary Consul

4. I am not related to and do not live at the same address as the person(s) named in section (a) of this form, and I am over 16 years of age.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER/AMP EMPLOYEE (AS AGENT OF AMP)

I, confirm that

- 1. I have sighted today the original of each document identified with a tick(s) in section (b) and (c) above verifying the identity and nominated bank account detail(s) of the policy owner(s) named in section (a) of this form, and attached to this statement, are true copies of those documents initialled and dated by me.
- 2. I have no reason to believe that the policy owner(s) is not who he/she claims to be.
- 3. AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

Signature of Adviser/AMP Employee

Dated

***(e) Your signature (All policy owner(s) to sign)**

I/We certify that, to the best of my knowledge and belief, the information above is true and correct.

Signature

Date

Signature

Date

Please ensure you read the checklist on the next page.

(f) For Adviser Use Only (This section must be filled in by the servicing Adviser. If no Adviser has been involved with the completion of this form please leave this section blank).

Adviser name (if applicable):

Adviser number:

FSPN (please use your QFE's FSPN if you are a QFE Adviser):

I confirm that I am an:

- AFA (Authorised to give advice on Category 1 products)
- AMP QFE Adviser Category 1 & 2

Other:

and I certify that the information provided in this Adviser information section is correct and that I have complied with the requirements of the Financial Advisers Act and all other applicable laws.

Signature of Adviser:

Date:

*Checklist

Please check you have completed the form correctly

- Have you completed all fields with an * ?
- Have you included an original pre-encoded bank deposit slip or a certified true copy of a bank statement in section (b)?

- Have you included your identification documents that have been certified, initialled and dated by your trusted referee or verified by your Adviser or an AMP employee in section (c) and (d)?
- Have you completed section (e)?

If you are filling this form in at the same time you are requesting a withdrawal, please ensure you include this form with your withdrawal form and clearly state in the space provided on the withdrawal form that you wish to add/change your nominated bank account.

Once you have completed all items on the checklist please post your documents to AMP Customer Services, Freepost 170, P.O. Box 55, Shortland Street, Auckland 1140.