



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

AMP Investment Suite

Changing your investments

Use this form to reallocate your existing investment to a different fund or investment account and/or change where your future regular contributions will be invested.

* Which product do you have an investment? (select one):
 Please complete a separate form for each of these if you are invested in both and want to change both.

AMP Investment Trust (AIT) Personal Superannuation Scheme (PSS)

Before completing this form you should refer to the most recent Product Disclosure Statement or Investment Statement to see what changes you can make to your investments. For more information regarding your investment choices or for a copy of the latest Product Disclosure Statement or Investment Statement, please contact your Adviser, or call us on **0800 267 111** or visit **amp.co.nz**. An Adviser's disclosure statement is available from your Adviser on request and free of charge.

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.

*These fields must be completed

(a) Your personal details

*Portfolio number

Title

Mr Mrs Ms Miss Dr Other

*Date of birth

*First names

*Surname

^Title

Mr Mrs Ms Miss Dr Other

^Date of birth

^First names

^Surname

^Complete if joint membership

*Name of Entity (for Trusts, partnerships or companies)

*Postal address (if different from above)

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

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

*Personal email

*IRD number

*Prescribed Investor rate (PIR) 0% 10.5% 17.5% 28%

*Withholding tax rate 10.5% 17.5% 30% 33%

#If no PIR is selected, you will be defaulted to 28% unless you have previously notified us of your PIR. If this is a joint account, you must select the highest applicable PIR of the individuals.

†If no withholding tax rate is selected, you will be defaulted to 33% unless you have previously notified us of your rate.

Note: You are responsible for giving us your PIR for a particular tax return period and your IRD number. If your PIR has changed, please tell us your new PIR. If you're unsure of your PIR, please go to amp.co.nz/pie or contact your Adviser or call Inland Revenue.

(b) New investment instructions

1. Change your investment between accounts

Please tick if you don't want to switch your investment between accounts

			Select one of the following options to complete the switch		
From investment account	To investment account	Name of fund	<input type="checkbox"/> %	<input type="checkbox"/> \$#	<input type="checkbox"/> Switch full value of account (please tick)

#Where you choose the \$ option we may need to adjust the \$ amount if the value of your account has changed by the time we have received the fully completed form.

2. Change your current investment between investment funds

Please switch my fund(s) as set out below.

Make sure you include the full details of the investment fund you are switching from and to:

- The name of the investment fund
- The name of the investment account

Investment account	From investment fund(s)	To investment fund(s)	%	\$#

#Where \$ are used we may need to adjust the \$ amount if the value of your account has changed by the time we have received the fully completed form.

3. Investment of future regular contributions

Please tick if you don't want to change your investment fund for future regular contributions

Please apply my future contributions to my portfolio as follows:

Investment account	Investment fund	% of contribution
Total		100%

Rebalance your investment

Please tick if you want to 'Rebalance' your existing investments according to the regular contribution instructions detailed above. Rebalancing will cause PIE tax to be deducted.

How often would you like to rebalance your investments? (Please tick)

- Account 1 Monthly Quarterly Half Yearly Yearly
- Account 2 Monthly Quarterly Half Yearly Yearly
- Account 3 Monthly Quarterly Half Yearly Yearly
- Account 4 Monthly Quarterly Half Yearly Yearly

(if you have chosen to rebalance your investment but no option is chosen, rebalancing will be defaulted to quarterly)

Yearly increase facility

Please tell us if you would like a yearly increase to your regular payments:

- No
 Yes (select one): CPI or % (minimum 5%)

(c) *Advice

Have you received financial advice in making this decision? Yes No

If yes, please ask your Adviser to complete section (e).

(d) *Your signature

To AMP Wealth Management New Zealand Limited ("AMP"):

Subject to any limitations or conditions set by the Manager, Supervisor or a Fund Manager or arising from the Product Disclosure Statement or Investment Statement, Trust Deed and rules, please act on the above instructions.

- I acknowledge that if for any reason AMP is not able to accept or process these investment instructions, AMP will contact me, or my Adviser. Until such time as these investment instructions are accepted and processed by AMP, any contribution I make will be invested in accordance with the existing investment instructions.
- I acknowledge that the price at which AMP makes these changes will be the price applying on the day AMP processes the fully completed form.

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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(e) For Adviser use only

AMP Adviser name (if applicable)

B	L	O	C	K		L	E	T	T	E	R	S							
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AMP Adviser number

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

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I confirm that I am an

- AFA (entitled to sell Category 1 Product)
 AMP QFE Category 1 & 2 Adviser
 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 2008 and all other applicable laws.

Signature of Adviser

SIGN HERE																			
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Date

D	D	M	M	Y	Y	Y	Y
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*Checklist

Please check you have completed the form correctly

- Have you completed all fields with an *?
 Have you completed all sub-sections 1, 2 & 3 (where applicable) in section (b)?
 If you have received financial advice on this investment, has your Adviser completed the Adviser section above?