



# AMP Investment Trust

## Transfer of ownership

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 if you would like to change the ownership of your investment in the AMP Investment Trust (AIT). You may not transfer membership in the Personal Superannuation Scheme.  
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.  
A disclosure statement is available from your Adviser on request and free of charge.

\*These fields must be completed

### (a) \*Details of transfer

#### Transferor(s) (current owner(s))

Name(s) in full

  

Portfolio number

Date of transfer

D	D	M	M	Y	Y	Y	Y
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Address (to which confirmation will be sent)

  

Postcode
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Name of investment fund

Enter the amounts to be transferred.

Number of units to be transferred

Please transfer all of my units

Prescribed Investor rate (PIR)<sup>#</sup>  0%  10.5%  17.5%  28%

<sup>#</sup>We deduct PIE tax from your transfer using the information we have at the time your transfer is processed. If this is a joint account, you must select the highest applicable PIR of the individuals. If you're unsure of your PIR, please go to [amp.co.nz/pie](http://amp.co.nz/pie) or contact your Adviser or Inland Revenue.

Signature(s)

#### \*Name of witness

Name of witness

Address of witness

  

Postcode
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Signature of witness

#### \*Advice

Have you received financial advice from an Adviser in making this decision?  
If yes, please ensure your Adviser completes Section (c).

Yes

No

**(b) \*Transferee(s) (new owner(s))**

Name(s) in full

AIT Portfolio number (if applicable)

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Address (to which confirmation will be sent)

													Postcode
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Occupation

**Signature(s)**

A new application form is also required if the transferee does not already own units in AIT.  
Verification of Identity is required for any new owners who are not current AIT clients. Details of Verification of Identity requirements are set out within the application form.

SIGN HERE

SIGN HERE

**(c) For Adviser use only**

**NB:** This section must be completed for each client who receives advice. Where clients have received advice from separate Advisers, each Adviser must provide their details.

**Adviser One**

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 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

Date

D	D	M	M	Y	Y	Y	Y
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**Adviser Two**

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 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

Date

D	D	M	M	Y	Y	Y	Y
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