



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

Withdrawing funds

Use this form to make a withdrawal of some or all of your funds from your investment or set up a regular withdrawal facility.

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.

*Which product would you like to withdraw from? (Select one):

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

- Once we have received your withdrawal request and it is approved, we will make a payment directly to your nominated bank account (note that we do not send payments via cheque). Your request is deemed to be received when a completed form is received by the Manager and all verifications have been completed.
- If there are any issues with your withdrawal request we will contact you.

*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

Postcode

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Email

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

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

#We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. 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 or contact your Adviser or Inland Revenue.

(b) *Payment instructions

Payment will be made to the nominated bank account AMP have on file for you. If you have never set up a nominated bank account with AMP or wish to change the nominated bank account we currently have for you, you will need to fill in the 'Nominated Bank Account Form'. The 'Nominated Bank Account Form' should be completed, attached to this form with all supporting documentation and **posted** to AMP.

Will you be providing a 'Nominated Bank Account Form' and supporting documentation with this application form?

Yes No

(c) *Withdrawal details

You must ensure that your plan will retain the minimum balances after the withdrawal. Money held in the Personal Superannuation Scheme may be subject to withdrawal restrictions. Your PIE tax liability may impact this minimum balance. PIE tax will be deducted at the time of your withdrawal.

I request:

20% of the balance of my PSS account

A partial withdrawal of \$

Note: The minimum amount for partial withdrawal is \$500.

An entire account balance

A regular withdrawal of \$
(AIT funds only)

Frequency: Monthly Quarterly

Start date

Note: The minimum regular withdrawal is \$100.

I direct AMP to withdraw funds from the following investment options:

Investment option	Investment account	Amount
Total withdrawal		\$ <input type="text"/>

(d) *Advice

*Have you received financial advice in making this decision?

Yes No

If yes, please ensure your Adviser completes Section (f).

(e) *Your signature

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

Signature

SIGN HERE

Date

Signature

SIGN HERE

Date

Signature

SIGN HERE

Date

(f) For Adviser use only

AMP Adviser name (if applicable)

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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 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
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Next steps:

- We may contact you by phone to confirm your withdrawal request.
- If the request is approved we'll process your withdrawal request within 8 working days of approving this application. We'll process your withdrawal at the unit prices effective on the day of your withdrawal. Any contributions received after the processing date will not be eligible for any further withdrawal under this application, except in the case where you are requesting a regular withdrawal or a full exit from the plan.
- If the request is approved we'll direct credit your nominated bank account and send you a notification confirming the amount of your withdrawal.
- If your request is not approved we will advise you.
- Please make sure you provide ALL supporting documentation. Failing to do so may delay the application process or result in your application being declined. We will contact you if we require further information.

Checklist

Please check you have completed the form correctly

- Have you completed all fields with an *?
- If applicable, have you attached the 'Nominated Bank Account Form' and supporting document as per this form?
- Have you signed the form?
- If applicable, has your Adviser completed Section (f)?