



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 Unit Trust or Personal Managed Funds

Deceased estate withdrawal application

Use this form to apply for a withdrawal of a deceased member's AMP Unit Trust or Personal Managed Funds.
 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.
 An Adviser's disclosure statement is available from the member's Adviser on request and free of charge.

Did the member leave a will?

	Document required	Who is the personal representative?	
Yes	Probate	Executor	Either Probate or Letters of Administration must be supplied with this form. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
No	Letters of Administration	Administrator	

If you have any questions when completing this form, please contact the member's Adviser or call Customer Services on **0800 267 111**.

*These sections must be completed

(a) *Deceased member details

Plan/portfolio type (please tick)

- AMP Unit Trust
- Personal Managed Funds

Plan/portfolio number

*Estate of (full name of member)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Tax Treatment of Withdrawal

The Manager will use the Manager Repurchase withdrawal method unless you elect the Direct Redemption withdrawal method. The two methods have different tax implications. For more information on how withdrawals are taxed, refer to the 'AMP Unit Trust Tax Information Sheet' or the 'Personal Managed Funds-Product Disclosure Statement' available on amp.co.nz/amp/forms.

(b) *Personal representative details

Full name of personal representative (1)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Postal address

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

Please provide at least one contact number

Daytime phone

Mobile phone

Email

Full name of personal representative (2)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Postal address

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

Please provide at least one contact number

Daytime phone

Mobile phone

Email

(c) *Payment instructions

Please provide proof of bank account in the form of an original **pre-encoded bank deposit slip** or a certified true copy of a bank statement. The bank account must be a New Zealand bank account in the name of the member's estate, personal representative(s) or solicitor's trust account.

Account name

Account number

Payment will be made in New Zealand dollars.

(d) *Supporting documentation

Please supply the following supporting documentation with this application:

Please tick:

- | | |
|---|--|
| <input type="checkbox"/> A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s)) | <input type="checkbox"/> A certified copy of the full death certificate of the deceased member |
| <input type="checkbox"/> An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s)) | <input type="checkbox"/> Certified copy of Probate or Letters of Administration |
| | <input type="checkbox"/> Section (e) of this form. |

What is a Certified copy?

This means that a Justice of the Peace or Solicitor must certify that the copies being provided are true and correct copies of the original document. To do this, any copied document must have the statement: I certify that I have sighted the original document and this is a true and correct copy (stamped or written on the copy) and must be signed by the Justice of the Peace or Solicitor.

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 application.

(e) *Statutory declaration

Full name of personal representative (1)

Full name of personal representative (2)

do solemnly and sincerely declare that:

1. I am/We are applying to AMP for a full withdrawal of the member's balance, as detailed in Section (a), with AMP to be paid into the bank account specified in this form;
2. I/We confirm that the information in this form (and any attachments to this application) is true and correct;
3. I/We understand that acceptance of the withdrawal is at the discretion of AMP and that fees may apply;
4. I/We understand that AMP may request additional information from me/us relating to this application;
5. I/We acknowledge that the Privacy Act 1993 provides me/us with the right to request access to and/or correction of any of my/our personal information held by AMP (AMP in this context includes all the members of the AMP Group of Companies and their subsidiaries, associated companies and agents).
I/We understand that the information supplied by me/us with this form will be used to process this withdrawal and to administer the deceased's investments (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). I/We authorise AMP and/or The New Zealand Guardian Trust Company Limited as the Supervisor (Supervisor), to obtain additional information in relation to this application from any third party/entity.
6. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this withdrawal and that no other person has any claim against it.
7. I/We indemnify the Supervisor, AMP and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of the deceased's investments and/or withdrawal amount.

(e) *Statutory declaration (continued)

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Personal representative (1)

Declared at

***Personal representative(1) signature**

this (date)

D	D	M	M	Y	Y	Y	Y
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before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

Full name, title/office of person authorised to take a declaration

of city (where signing)

Occupation

Signature of person taking declaration

Official mark

Personal representative (2)

Declared at

Personal representative(2) signature

this (date)

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

Full name, title/office of person authorised to take a declaration

of city (where signing)

Occupation

Signature of person taking declaration

Official mark

Send your completed form to:

AMP Services (NZ) limited, Freepost 170, PO Box 55, Shortland Street, Auckland 1140

Official mark

Next steps

- If we approve your request, we'll credit your account with the amount approved within 8 days and send you confirmation of the payment made. If your request is not approved, or if we require further information, we will notify you.
- If requested documents and supporting information are not provided, your application will be declined.
- You will receive the unit price on the day that the withdrawal request is approved.

(f) *Checklist

Please check you have completed the form correctly

- Have you completed all sections with an *?
- Have you included original or certified proof of bank account in Section (c)?
- Have you attached copies of the documents detailed in Section (d)?
- Have you completed the Statutory Declaration in Section (e)?

(g) 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 a:

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 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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