



Please send this completed form and any supporting documents to:
AMP Wealth Management
New Zealand Limited
PO Box 1692
Wellington 6140

If you have any questions please contact your Adviser or call us on 0800 081 081.

Superannuation scheme transfer

Use this form if you would like to transfer to another registered 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 this form and any supporting documents to the address above.

A disclosure statement is available from your Adviser on request and free of charge.

Important information for you to read:

- The approval of your transfer application is at the Manager's discretion
- Transfers may be subject to an early withdrawal fee. The level of the fee charged is at the Manager's discretion.

*These fields must be completed

(a) To be completed by member(s)

*Plan/Policy number

*Scheme name

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 a joint membership

*Postal address

 Postcode

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

I/We wish to transfer from the

SCHEME NAME

to

NEW SCHEME NAME

*Member's signature

 SIGN HERE

*Date

^Member's signature

 SIGN HERE

^Date

Have you received financial advice from an Adviser in making this decision to apply for a withdrawal?

If yes, please ensure your Adviser completes the Adviser section at the end of this form.

Yes

No

(b) *To be completed by the person authorised by the Supervisor of the transferee scheme

First names

Surname

Occupation

I certify that the (name of the scheme)

is a registered superannuation scheme or a KiwiSaver Scheme under the Financial Markets Conduct Act 2013 and that the Supervisor of this scheme is prepared to accept this transfer into the scheme and confirm that the Transfer Value will be given to the member immediately on payment of the Transfer Value to this scheme.

Scheme registration number

Member number

Name of the transferee scheme Bank account and account number

Account name

Account number

References for payment

Transferee scheme address (for correspondence purposes)

											Postcode
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Signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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Please attach a copy of the transferee scheme's Trust Deed OR a copy of the benefit and early withdrawal provisions of the transferee scheme's Trust Deed.

(c) For Adviser use only

AMP Adviser name (if applicable)

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AMP Adviser number

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

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 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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