



Future Lifestyle Plan Withdrawal Form

Please post this completed form and supporting documentation to:

AMP Wealth Management New Zealand Limited
PO Box 1692
Wellington 6140

Please call us on 0800 081 081
if you have any queries.

Use this form to make a withdrawal of some or all of your funds from your investment in the Future Lifestyle Plan.

The Manager may only consider withdrawals (subject to a minimum withdrawal amount of \$500 and to keep your account open the minimum balance of \$1,000 must be remaining in the account following the withdrawal) under the following circumstances:

1. The member is 50 years of age or older
2. Withdrawal up to 20% p.a. provision – provided the member has \$5,000 invested
3. The death of the member
4. The permanent disablement or serious ill health of the member so that they are unable to continue in employment for which they are qualified
5. The member has permanently emigrated
6. The member has been made redundant
7. The member has been unemployed for six consecutive months
8. The member wishes to transfer to another registered superannuation scheme
9. The member makes a special circumstances application

If you are applying under the financial hardship criterion or for death of the member, please call us for a financial hardship form or deceased member withdrawal form respectively.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

Once you have completed and signed this form please send it and any supporting documents to the address above.

*These fields must be completed

1. Your personal details

*Plan number

*Date of birth

*First name(s)

*Surname

Postal address

Postcode

*Please provide at least one contact number

Home phone

Work phone

Mobile phone

Personal email

2. Reason for withdrawal

Please tick the reason for your application to withdraw.

- 50 years of age or older** – please attach a copy of your birth certificate as proof of age.
- Application to withdraw up to 20%** – In any 12 month period (from 1 April in each financial year) you may apply to withdraw up to 20% of your total balance as at 1 April. This is provided the minimum total investment balance of your Future Lifestyle Plan on 1 April was \$5,000. Subject to a minimum withdrawal amount of \$500.
- Permanent disablement or serious ill health** – disablement must be permanent or illness so serious that, in the opinion of the Supervisor, the member is unable to continue in employment for which they are qualified. Please attach a medical certificate describing your disablement or illness.

2. Reason for withdrawal – continued

Permanent emigration – please note that emigration must be permanent. To support your application, please attach:

- a photocopy of one-way travel documentation (e.g. airline ticket)
- a certified copy of your passport
- proof of permanent residence or letter from your overseas employer
- an overseas account number to which you would like the Future Lifestyle Plan funds credited to

Please note that the Supervisor and/or the Manager may ask for further information.

Redundancy – please attach proof of redundancy (e.g. a letter from your former employer).

Unemployment – please attach proof that you have been unemployed for six consecutive months (e.g. a letter from Work and Income NZ).

Transfer to another registered superannuation scheme – please provide details of the new superannuation scheme you wish to transfer into.

Name of new superannuation scheme

Company address

	Postcode

Your new account number

Application to withdraw under special circumstances – please attach to the form a written explanation as to why you require the withdrawal. The Supervisor and/or the Manager may contact you for further information and the Manager has sole and absolute discretion in determining whether entitlement arises.

3. Withdrawal details

Fund(s) to be withdrawn from	All units (tick)	or No. of units	or Dollar amount
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$
	<input type="checkbox"/>		\$

If you are withdrawing all units, do you wish to close your account? Yes No

4. 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 'Change Request Form'. If your withdrawal application is for permanent emigration and your request for payment is to a new overseas nominated bank account please complete the 'Change Request Form'.

I authorise AMP to deposit the withdrawal amount to my nominated bank account number:

Account name

Account number

If this account number is not a nominated bank account we currently hold for you, please fill in the 'Change Request Form'.

The 'Change Request Form' should be completed, attached to this form with all supporting documentation and **posted** to AMP.

Will you be providing a 'Change Request Form' and supporting documentation with this application form? Yes No

5. Advice

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

If yes, please ensure your Adviser completes section (6).

For Adviser use only

This section must be filled in by the servicing Adviser. If no Adviser has been involved with the completion of this form please leave this section blank.

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 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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6. Declaration

NB: This section must be completed for all withdrawals. To the best of my knowledge and belief, the above information is true and accurate. In respect of full withdrawals, I authorise you to close my Future Lifestyle Plan. I acknowledge that I have no further claim against, or financial interest in, Future Lifestyle Plan and discharge you from all its trusts.

Signature

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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Future Lifestyle Plan is offered and managed by AMP Wealth Management New Zealand Limited. AMP Wealth Management New Zealand Limited is a member of the AMP group of entities. The performance or returns of Future Lifestyle Plan or the return of capital is not guaranteed by the Supervisor, Manager, AMP, or any member of the AMP group of entities, PO Box 1692, Wellington 6140. Freephone 0800 081 081. Facsimile 04 470 6380.

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