



# Future Lifestyle Plan Change Request Form

Please post this completed form and supporting documentation to:

**AMP Wealth Management  
New Zealand Limited  
PO Box 1692  
Wellington 6140**

Please complete the Investor Details and Account Number section, and then only those sections relating to the change(s) you wish to make. **In all cases you must sign and date this change request form in the Confirmation of Request section overleaf.** If you require assistance with completing this request, please call one of our Customer Relationship Representatives between 8:30am and 5:00pm on any business day by calling toll free on **0800 081 081**.

**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. Investor details and account number

\*Future Lifestyle Plan account number

\*Title \*First name(s) (please print)

\*Surname

## 2. Change of address

Use this section to change your home address and/or postal address.

Postal address

  
  

Postcode

Residential address

  
  

Postcode

Home phone

Work phone

Mobile phone

Email address

## 3. Change of name

Please update my name to the following (please attach copies of supporting documentation as evidence of this change).

Title First name(s)

Surname

Reason for change (please tick):

Deed poll  Marriage/divorce  Separation  Name recorded incorrectly

I have attached one of the following pieces of supporting documentation:

Marriage certificate  Name change certificate  Birth certificate  Other \_\_\_\_\_

Please provide your old signature

SIGN HERE

Please confirm this change with your new signature in section 10.

#### 4. Change of regular contributions

Use this section to change the way regular contributions are made, the allocation, amount and frequency, or the date your regular contributions are made.

**I am/We are making regular contributions by:**

Direct debit — Simply complete this section and we will make the change(s) for you.

We do not accept regular contributions by automatic payments. However, existing members that have automatic payments set up can continue making regular contributions by automatic payments. If the automatic payment is cancelled then the direct debit authority will need to be used.

**I wish to make the following changes:** (please tick the appropriate box(s))

Change the amount of my regular contribution(s) – please enter details on the table below.

Change the frequency of my regular contribution(s) – please enter details on the table below.

Change the date my regular contribution(s) will be made to:

Suspend my contribution(s) in  until  or  further notice.

I wish to have the amount of my regular contributions adjusted annually in line with the Consumer Price Index.  Yes  No

**Please change the allocation and/or amount of my/our regular contribution and/or frequency:** Enter the names of the fund(s) you wish to change, the amounts and/or frequency you are currently contributing, and the new amounts and/or frequency you wish to contribute.

Name of fund	Current contribution	Frequency	New contribution*	New frequency
	\$		\$	

\*Note: Minimum contribution amounts apply. Please refer to the investment Statement for further details.

Please make above changes effective from:

#### 5. Additional lump sum contributions

Use this section to make an additional lump sum contribution. **Note:** The minimum additional lump sum contribution is \$500 per fund.

Name of the Fund	Lump Sum Amount
	\$
	\$
	\$
	\$
<b>Total</b>	\$

Attach a cheque for your additional contribution made payable to "Future Lifestyle Plan" and marked "Not Transferable" with reference to "or bearer" crossed out.

#### 6. Switch request

Use this section if you wish to switch your investment between Future Lifestyle Plan Funds.

Please apply the instructions on this change request form to the units/dollar value of my investment in the following Fund(s):

**Note:** The minimum amount that may be switched at any one time is \$500. The minimum remaining balance in any one Fund as a result of a switch is \$1000.

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

Enter the name(s) of the Fund(s) that you want to switch the nominated units/dollar value into and the percentage of proceeds to be applied to each.

Fund(s) to be switched into	Percentage split (if more than one Fund)
	%
	%

Please also redirect my regular contributions into the named Fund(s).



## 8. Add/change nominated bank account – continued

### (a) Provide your identification to verify your identity

Please complete Option 1 in the table below and attach certified copies of the requested document (please tick which document you are providing). If you cannot provide a document from Option 1, then complete Option 2 or 3.

#### Option 1 ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

#### Option 2 NZ Driver's Licence PLUS (ONE of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government
<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/> Bank statement or Inland Revenue statement issued in your name in the last 6 months

#### Option 3 18+ identity card PLUS (ONE of the documents from this section)

<input type="checkbox"/> NZ full birth certificate/birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government
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**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.

### (b) Certify or verify your identity and nominated bank account

Your identity and nominated bank account documents can be certified by a trusted referee (use the first box below), **or** verified by an Adviser/AMP employee acting as agent of AMP (use the second box below)

#### DECLARATION BY TRUSTED REFEREE

I,  confirm that

- I have sighted today the original of each document identified with a tick in section 8 (a) above verifying the identity and nominated bank account details of the person named in section 1 of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
- The documents that have been provided represent the identity of the person named in section 1 of this form.
- I am a **(tick one of the following)**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> New Zealand Lawyer   | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary Public               | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Police Constable     | <input type="checkbox"/> Registered Teacher          | <input type="checkbox"/> Kaumātua                  |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of Religion | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul        |

- I am not related to and do not live at the same address as the person named in section 1 of this form.

Signature of trusted referee

Date

**OR**

#### DECLARATION BY ADVISER/AMP EMPLOYEE (AS AGENT OF AMP)

I,   confirm that

- I have sighted today the original of each document identified with a tick in section 8 (a) above verifying the identity and nominated bank account details of the person named in section 1 of this form, and attached to this statement, are true copies of those documents **initialled and dated** by me.
- I have no reason to believe that this person is not who he/she claims to be.
- AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

Signature of Adviser/AMP employee

Date

