



Personal Managed Funds

Change Request form

(Excludes Future Lifestyle Plan)

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.

Please complete your personal details section below, and then only those sections relating to the change(s) you wish to make. In all cases you must sign and date the form in the Confirmation of Request Section (i).

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.

*These fields must be completed

(a) Your personal details

*Account number

Title

 Mr Mrs Ms Miss Dr Other

*First names

*Surname

Title

 Mr Mrs Ms Miss Dr Other

^First names

^Surname

^Complete if joint membership

Name of entity (for trusts, companies and partnerships only)

*Email

*Postal address

Postcode

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

(b) 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.

I/We wish to make the following changes: (please tick the appropriate box(es))

Change the amount of my/our regular contribution(s) – please enter details on the following page.

Change the frequency of my/our regular contribution(s) – please enter details on the following page.

Change the date my/our next regular contribution(s) will be made to

Suspend my/our contributions in until

or further notice.

(b) Change of regular contributions - continued

Please change the allocation and/or amount of my/our regular contributions 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 Product Disclosure Statement for further details.

Please make above changes effective from

(c) Additional lump sum contributions

I/We wish to make an additional lump sum contribution. Note: The minimum additional lump sum contribution is \$500 per Fund.

Name of fund	Lump sum amount
	\$
	\$

Attach a cheque for your additional contribution made payable to PMF Subscription Account and marked "Not Transferable" with reference to "or bearer" crossed out.

(d) Switch request

Use this section if you want to switch units into another Personal Managed Fund that you already hold units in. Please ensure you have obtained a copy of the current Product Disclosure Statement available at amp.co.nz/amp/forms.

A switching fee will only apply where the switch is into a Fund with a higher entry fee, in which case the fee will be the difference between the entry fees. The switching fee, if applicable, will be deducted from the amount switched.

Fund(s) to be switched out of – 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 value of units that you may switch is \$500 per Fund. The minimum holding in any one Fund following a switch is \$1,000.

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)
	%
	%

If you would like to change your regular contributions, please complete section (b).

Please also refer to Section (e) – Tax Treatment

(e) Tax treatment of switches

Switches will be subject to the Manager Repurchase method unless you elect the Direct Redemption method.

The two methods have different tax implications. For more information on how switches are taxed, refer to the Product Disclosure Statement available at amp.co.nz/amp/forms.

We advise you to seek tax advice before deciding between the two options.

Should you wish to elect the Direct Redemption withdrawal method, please contact AMP on **0800 081 081** or your Financial Adviser.

(f) Add/Change nominated bank account

Your nominated bank account is the bank account to which AMP will make payment from this investment. Your nominated bank account must be a New Zealand bank account held in your name(s) or jointly held in your name(s).

Account name

Account number

		-				-							-			
--	--	---	--	--	--	---	--	--	--	--	--	--	---	--	--	--

Please provide proof of your nominated bank account (tick one of the following):

- An original pre-encoded bank deposit slip Certified true copy of a bank statement Other (certified true copy of proof of bank account)

(g) Provide your identification to verify your identity

Please complete Option 1 in the table below and attach 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 <input type="checkbox"/> NZ Driver's Licence PLUS (ONE of the of the documents from this section)	
<input type="checkbox"/> Super Gold card	<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	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3 <input type="checkbox"/> 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

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 form.

(h) Certify or verify your identity and nominated bank account

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

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 form.

DECLARATION BY TRUSTED REFEREE

I, confirm that

- 1. I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents.
- 2. I have **initialled and dated** the true copies of the documents above.
- 3. The documents that have been provided represent the identity of the person named in section (a) of this form.
- 4. 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 |

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

Signature of trusted referee

Dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

OR

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

I, confirm that

- 1. I have sighted today the original of each document identified with a tick in section (g) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents.
- 2. I have **initialled and dated** the true copies of the documents above.
- 3. I have no reason to believe that this person is not who he/she claims to be.
- 4. 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

Dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(i) *Confirmation of request

Please action this request.

This request will be actioned upon receipt and acceptance by the Manager. Any additional lump sum or switch request received after 5pm on any business day will be valued on the next business day.

Requests under sections (b), (c) and (d)

I/We acknowledge that I have received a copy of the current Product Disclosure Statement for the relevant Fund(s) and that I have read and understand that Product Disclosure Statement.

Signature of investor one

Signature of investor two (where applicable)

Dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For joint investors, both investors must sign before the request can be actioned.

Post this form and any supporting documentation to: AMP Wealth Management New Zealand Limited, PO Box 1692, Wellington.

BNZ use only

Branch Number

Staff Number

Customer Bis Number

Staff Name

Staff Phone Number

(j) For Adviser use only

AMP Adviser name (if applicable)

B	L	O	C	K		L	E	T	T	E	R	S							
---	---	---	---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--

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 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
---	---	---	---	---	---	---	---