



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.

Personal Managed Funds

Withdrawal form

(Excludes Future Lifestyle Plan)

Please complete your personal details 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 (d) overleaf.

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

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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) Withdrawal Request

The minimum value of units that you may withdraw is \$500. The minimum holding in any one Fund following a partial withdrawal is \$1,000. The regular withdrawal facility is only available on the International Bond Trust and is subject to a minimum of \$250 per withdrawal. Investors who started a Balanced Fund or Balanced Plus Fund after 1 March 2001 will be charged a 1% early withdrawal fee (up to a maximum of \$200 per withdrawal) if making a withdrawal within two years of commencing their investment.

Fund(s) to be withdrawn from	One Off Withdrawal			Regular Withdrawal Option (International Bond Trust only)			
	All units (Tick)	Or no. of units	Or dollar amount	Amount	Frequency		
	<input type="checkbox"/>	<input type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Six monthly
	<input type="checkbox"/>	<input type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Six monthly
	<input type="checkbox"/>	<input type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Six monthly
	<input type="checkbox"/>	<input type="text"/>	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Six monthly

(b) Withdrawal Request – continued

Month to commence above regular withdrawals – Please note: regular withdrawals are processed on or as close as possible to the 15th of each month.

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

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

Bank			Branch			Account			Suffix						
		-						-							

If this account number is not a nominated bank account we currently hold for you, please fill in a Change Request Form. Once completed, please post this Withdrawal Form and the Change Request Form to AMP.

If you need confirmation of the nominated bank account we currently hold for you, please contact one of our Customer Service Representatives on **0800 081 081**. Your payment will be delayed if your withdrawal request is to a bank account that has not previously been verified by us.

(c) Tax Treatment Of Withdrawal

Withdrawals will be subject to the Manager Repurchase method unless you wish to elect the Direct Redemption withdrawal method. The two methods have different tax implications. For more information on how withdrawals 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.

(d) Confirmation Of Request

This request will be actioned upon receipt and acceptance by the Manager. Any withdrawal request received at or after 5pm on any business day will be on the next business day.

Signature of Investor One

Signature of Investor Two (where applicable)

Date

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

Post this form and, where appropriate, your Change Request 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

(e) 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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