



# State Sector Retirement Savings Scheme (SSRSS)

## Application to transfer to a New State Sector employer

Please send this completed form and supporting documents to:

**NZRT Customer Services**  
Freepost 170, PO Box 55  
Shortland Street, Auckland 1140

If you have any questions, please contact your Adviser or call us on 0800 800 267.

The Member needs to complete all details of this form and hand the form to the new employer to complete section (f) and forward to AMP. This form can be completed on-screen by typing content directly into the PDF document. Once you have completed and signed this form please send it 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) \*Member details

Member number

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Date of birth

First names

Surname

Postal address

  
  
 Postcode

Residential address

  
  
 Postcode

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Email

IRD number (if you have an 8 digit IRD number leave the first box blank)

Prescribed Investor Rate (PIR)

 10.5%  17.5%  28%

We may collect PIE tax when your funds are transferred, using the information we have at the time you transfer. If you're unsure of your PIR, please go to [amp.co.nz/PIE](http://amp.co.nz/PIE) for help or contact your Adviser or Inland Revenue.

If no PIR is supplied, or your IRD number is incorrect the default PIR of 28% will be used.

### (b) \*Previous employer details

Employer name

Employee number

Date ceased employment with this employer

### (c) \*New employer details

Employer name

Employee number

Your membership and accounts held with your previous employer will be transferred to your new employer section of the scheme.

### (d) \*Future contribution rate

I would like my future rate of contributions to be  %

(Note first 3% are directed to the Member Account)

**(e) \*Member authorisation**

I certify that the above information is correct and that the Manager is authorised to transfer my membership to my new employer's section of the plan as requested.

**Member's signature**

this (date)

D	D	M	M	Y	Y	Y	Y
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**(f) \*New employer authorisation**

I confirm that the above information is correct and that the Manager is authorised to transfer the Member's Total Account to the new employer's section of the scheme. Our payroll system has been updated to reflect this information.

**Employer's signature**

this (date)

D	D	M	M	Y	Y	Y	Y
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Name

Position