



AMP State Sector Retirement Savings Scheme (SSRSS)

Change of details form

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.

Use this form to change your SSRSS personal details.

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) *Your personal details

Member number

Title

 Mr Mrs Ms Miss Dr Other

Date of birth

First names

Surname

Email

1. Change of name

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

First names

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 (please tick)

 Marriage certificate Name change certificate Birth certificate Other _____

Please provide your old signature

Please confirm this change with your new signature in section (b).

2. Change of contact details

Please update my contact details to the following

Residential address

Postcode

Postal address

Postcode

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

3. Change of tax details

Please update my Prescribed Investor Rate (PIR) to the following

PIR 10.5% 17.5% 28%

IRD number

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

Please note: If you're unsure of your PIR, please go to amp.co.nz/pie for help or contact your Adviser or Inland Revenue.

(b) *Your signature

I confirm that the information contained in this form is correct and I request that AMP update its records to reflect the changes to my personal details specified in this form (AMP in this context includes all the members of the AMP Group of Companies and their subsidiaries, associated companies and agents).

I acknowledge that the Privacy Act 1993 provides me with the right to request access to and/or correction of any of my personal information held by AMP or The New Zealand Guardian Trust Company Limited as the Supervisor of the SSRSS. I understand that the information supplied by me with this application will be used to process this application and to administer my membership of the SSRSS (and may be disclosed for these purposes to third parties where relevant, including the Inland Revenue, my Adviser, my employer's Adviser, or another intermediary or distributor). The information may also be used by AMP or third parties to offer me other products or services made available within the AMP group.

Member signature

Date

SIGN HERE

D	D	M	M	Y	Y	Y	Y
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(c) *Checklist

Please check you have completed the form correctly

Have you completed all fields with an *?

Have you completed the personal details section?

Have you attached supporting documentation if you're changing your name?

Have you signed the form in section (b)?