



# AMP State Sector Retirement Savings Scheme (SSRSS)

## Change of details form

Please email the completed form and supporting documents to [workplaceadmin@amp.co.nz](mailto:workplaceadmin@amp.co.nz)

or post to:  
NZRT Customer Services  
Freepost 170, PO Box 55,  
Shortland Street, Auckland 1140

**We're here to help**  
If you have any questions, please contact us on 0800 800 267.

**RESET FORM**

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  Mx  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

  

Postal address

  

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

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

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](https://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).

AMP Wealth Management New Zealand Limited ("we", "our" or "us") may collect personal information from you. You agree that AMP (or other members of the AMP group) may collect, use, share and store your personal information as set out in the **AMP Privacy Policy**. You acknowledge and agree that AMP may use and disclose your personal information to keep you informed about financial products and services, other offerings that it considers are of interest to you and for insight research purposes. You consent to receiving electronic messages from AMP, from members of the AMP group or trusted partners via the contact methods you have shared with AMP including email and SMS. You can opt out of receiving direct marketing information from us at any time by [marketingnz@amp.co.nz](mailto:marketingnz@amp.co.nz). Sometimes we share information to entities located overseas. When we send your personal information to overseas recipients, we make sure appropriate data handling and security arrangements are in place. We may provide you with details of additional outsourcing arrangements, if applicable. Please refer to the **AMP Privacy Policy** for more information.

Member signature

SIGN HERE
-----------

Date

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

#### (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)?