



AMP State Sector Retirement Savings Scheme (SSRSS)

Deceased member withdrawal application

Please send this completed form and supporting documents to:
NZRT Customer Services
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
Please call us on 0800 808 267 if you have any queries.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

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 an Adviser on request and free of charge.

*These fields must be completed

Use this form to apply for a withdrawal of a deceased member's SSRSS savings.

The member's SSRSS account balance is (please tick):

Over \$40,000

Did the member leave a will?

	Document required	Who is the personal representative?	
Yes	Probate	Executor	Either Probate or Letters of Administration must be supplied with this application if the member's SSRSS account balance is over \$40,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
No	Letters of administration	Administrator	

If you need to know the value of the deceased member's SSRSS account balance to work out if the total estate is worth \$40,000 or less, please contact an Adviser or call Customer Services on 0800 808 267.

Under \$40,000

For a member with an SSRSS account balance under \$40,000 where no Probate or Letters of Administration are applied for, the following people can act as the personal representative and may apply for a withdrawal by completing this form only (make sure you complete clause 8 of the statutory declaration in Section (e)).

- (a) The widow, widower, surviving civil union partner, or children of the deceased person.
- (b) A surviving de facto partner of the deceased person.
- (c) The persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person.
- (d) Any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand.
- (e) Any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors or any of them.
- (f) Any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors.

(a) Deceased member details

*Member number

*Estate of (full name of member)

*Date of birth

PIE tax rate 10.5% 17.5% 28%

PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If the member's PIE tax details have changed, please advise the new Prescribed Investor Rate (PIE tax rate). If you're unsure of the member's PIE tax rate please go to amp.co.nz/PIE for help or contact the member's Adviser or Inland Revenue.

(e) Statutory declaration

*Full name of personal representative (1)

*Full name of personal representative (2)

do solemnly and sincerely declare that:

1. We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of the SSRSS (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). 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. 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.
2. I am/We are applying to AMP for a full withdrawal of the member's SSRSS account to be paid into the bank account specified in this form and I/we understand that the deceased member's membership of the SSRSS will end.
3. I/We confirm that the information in this application (and any attachments to this application) is true and correct.
4. I/We understand that acceptance of the application is at the discretion of AMP and that fees may apply.
5. I/We understand that AMP may request additional information from me/us relating to this application.
6. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my financial affairs and that I/we am/are properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
7. I/We indemnify the Trustee, AMP and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of the deceased member's membership of the SSRSS and/or withdrawal amount.

8. Please complete for members with an SSRSS account balance under \$40,000 only.

The deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for letters of administration.

or

The above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased's life in terms of Section 65 of the Administration Act 1969 and I/we will if called upon indemnify AMP, and/or any related company and/or the Trustee for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

*Relationship to the deceased

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Personal representative (1)

Declared at

*Personal representative (1) signature

this (date)

D	D	M	M	Y	Y	Y	Y
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Official mark

Official mark

Before me (**Justice of the Peace, solicitor, Notary public**, or other person authorised to take statutory declaration, such as the **Registrar or Deputy Registrar of the High Court** or of **any District Court or a member of Parliament**):

*Full name, title/office of person authorised to take a declaration

Date

D	D	M	M	Y	Y	Y	Y
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of city (where signing)

*Occupation

Signature of person authorised to take a declaration

Personal representative (2)

Declared at

PLACE

Official mark

Official mark

***Personal representative (2) signature**

this (date)

SIGN HERE

D D M M Y Y Y Y

Before me (**Justice of the Peace, solicitor, Notary public**, or other person authorised to take statutory declaration, such as the **Registrar or Deputy Registrar of the High Court** or of **any District Court or a member of Parliament**):

*Full name, title/office of person authorised to take a declaration

Date

D D M M Y Y Y Y

of city (where signing)

*Occupation

PLACE

Signature of person authorised to take a declaration

SIGN HERE

(f) 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 an

- 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

Date

SIGN HERE

D D M M Y Y Y Y