



AMP State Sector Retirement Savings Scheme (SSRSS)

First home withdrawal application

RESET FORM

Please email the completed form and supporting documents to 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.

*Have you transferred any UK sourced pension funds into a QROPS account in the NZRT? Yes No

If you ticked "Yes" to the above we highly recommend you speak to your Adviser as there may be additional withdrawal rules and restrictions that will apply to your SSRSS account balances, as a result of having a QROPS account in the NZRT.

Use this form to apply for an early withdrawal of some of your SSRSS savings to buy your first home or if you were a previous home owner.

To use this form you must have a valid sale and purchase agreement for your first home in New Zealand (first home withdrawal is not available after you have bought land and want to build on it).

To process your application in a timely manner we will need

- To have received this application at least 8 working days before the settlement date
- Your solicitor to provide us with the correct solicitor's certificate (depending on whether you are applying to withdraw funds for a deposit or an unconditional settlement), templates of which can be found at amp.co.nz and all the necessary documents listed on the checklist (pg 6 of 6)

If your application is accepted you will be eligible to withdraw your SSRSS savings, however you will have to leave a minimum of \$1,000 in your SSRSS account(s) after your first home withdrawal is made.

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

Residential address

Postcode

Postal address (if different to residential address)

Postcode

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Email

IRD number

Prescribed Investor Rate (PIR) 10.5% 17.5% 28%

We may collect PIE tax when your funds are withdrawn, using the information we have at the time you withdraw. If your PIR has changed, please tell us your correct rate. Visit amp.co.nz/pie or www.ird.govt.nz to help determine your PIR.

(b) *Withdrawal details

I request a withdrawal for (please tick)

First home withdrawal (if you have not owned a property before whether by yourself or jointly with another person)

or

Second chance home withdrawal (this applies if you have owned a property before but no longer have a share in the property. If you're applying for a second chance home withdrawal please attach a letter of determination from the Minister of Housing (or delegate) confirming that you meet the equivalent eligibility criteria under the KiwiSaver Act 2006)

Amount of withdrawal

I request

A partial withdrawal of \$ _____ ; or A full withdrawal of my available balance

Any partial withdrawal will be split equally from each investment fund that you have invested in.

Have you received financial advice from an Adviser in making this decision to apply for a withdrawal? Yes No

If yes, please get your Adviser to complete section (h), at the end of this form.

(c) *How withdrawal amount will be applied (please tick one)

The funds withdrawn will be applied (in the first instance) towards paying a deposit on the property (with any residue then applied towards the balance of the purchase price at settlement)

or

The funds withdrawn will be applied solely towards paying the purchase price of the property at settlement

Please note that we will account for any tax owed on the amount being withdrawn by deducting it from the amount paid.

(d) *Your solicitor's details

Solicitor's name

Solicitor's email address

Name of solicitor's law firm

Telephone

Postal address

<input type="text"/>	
<input type="text"/>	Postcode

Please make sure your solicitor provides us with the correct Solicitor's Certificate along with a copy of their bank deposit slip for funds to be paid into, and any other required attachments as part of this application.

(d) Your identity documents

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

Option 1 ONE document from this section:

<input type="checkbox"/> NZ passport (identity page)	<input type="checkbox"/> NZ firearms license
<input type="checkbox"/> Overseas passport (identity page and proof of your NZ residency/citizenship)	<input type="checkbox"/> NZ certificate of identity

OR

Option 2 NZ Driver's License (Front and Back) **plus** ONE of the following:

<input type="checkbox"/> Super Gold card
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months

OR

Option 3 18+ identity or Kiwi Access card **plus** ONE of the following:

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government

Proof of address

Please provide one of the documents below as proof of your **residential address**. The document must be **addressed to you**, and dated within the **last six months**.

- Letter or invoice from utility company (eg electricity, gas, phone, Sky TV)
- Bank statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

- If you have provided certified identity documents and proof of address to AMP after 30 June 2013 (and you are using the same bank account) you don't need to provide them again.
- Please attach only certified copies of the original documents to this form which is initialed and dated by the person taking your declaration.
- If you are providing previously certified identity documents, please ensure the documents have been certified **not more than three months prior**.

- I would like AMP to electronically verify my identity where possible if there are any issues with the certification of my identification documents provided.

Example of a correctly certified document below and Statutory declaration is on following page.



I, Jane Doe

certify this to be a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification.

Dated the 26th day of August 2019

Jane Doe

Solicitor of the High Court

(g) *Certify or verify your documents

Your documents can be certified by a trusted referee (use the first section below for certifying documents in New Zealand **or** use the second section below for certifying documents overseas), **or** verified by an Adviser/AMP employee acting as an agent of AMP (use the third section below). If you are having documents certified outside New Zealand, your trusted referee must be a person who is authorised to take statutory declarations under the laws of the overseas country, state or territory where the documents are being certified. For more guidance on who can act as a trusted referee overseas, please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (CERTIFYING IN NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a **(tick one of the following)**

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Zealand Lawyer | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary Public | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Chartered Accountant | <input type="checkbox"/> Police Constable | <input type="checkbox"/> Registered Teacher | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of Religion | <input type="checkbox"/> Commonwealth Representative | <input type="checkbox"/> NZ Honorary Consul |
| <input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer | <input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court | | |

4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY TRUSTED REFEREE (CERTIFYING OUTSIDE NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.

3. I am a

4. In this capacity, I am authorised to take statutory declarations under the laws of

5. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER/AMP EMPLOYEE (AS AGENT OF AMP)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (f) above verifying the identity and address of the person named in section (a) of this form, and attached to this statement, are true copies of those documents **initialled and dated** by me.
2. I have no reason to believe that this person is not who he/she claims to be.
3. AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.
4. I am not related to and do not live at the same address as the person named in section (a) of this form.

Signature of Adviser/AMP Employee

Dated

(h) 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 an

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 Adviser
- Other _____

And I certify that the information provided in this Adviser Information 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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(i) Checklist and next steps

***Checklist**

Please check you have completed the form correctly

- Have you completed all sections with an *?
- Have you completed the statutory declaration in section (e)?
- Have you attached the Solicitor's Certificate, along with a copy of the sale & purchase agreement and your solicitor's bank deposit slip?
- Have you provided a copy of your proof of address dated within the last 6 months?
- If you are applying for a second chance home withdrawal, have you attached a letter of determination from the Minister of Housing (or his delegate) confirming that you meet the eligibility criteria?

Next steps

- If the request is approved we will process your withdrawal within 8 working days and funds will be credited to your solicitor's bank account.
- We'll process your withdrawal at the unit prices effective on the day of your withdrawal.
- Any contributions received after the processing date will not be eligible for any further withdrawal under this facility.
- We'll send you a letter confirming the amount of your withdrawal.
- If your request is not approved or if we require further information, we will notify you.

Saving for your first home is a big achievement, so well done. Along with helping you buy your first home, we can also help you ensure you have the right insurance to protect the new home you've work so hard for.

- Yes, I would like AMP to get in touch with me about insurance.