



AMP State Sector Retirement Savings Scheme (SSRSS)

First home 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.

*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 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We may collect PIE tax when your funds are withdrawn, using the information we have at the time you withdraw.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.

(e) *Statutory declaration

I (full name of member)

B L O C K L E T T E R S

of (Address)

B L O C K L E T T E R S

B L O C K L E T T E R S

Occupation

B L O C K L E T T E R S

do solemnly and sincerely declare that all the information provided in or with this application is true and correct and that:

- 1. 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 (AMP in this context includes all the members of the AMP group of companies and their subsidiaries, associated companies and agents) or The New Zealand Guardian Trust Company Limited as Supervisor of the SSRSS. I understand that the information supplied by me with this application will be used to process my application and to administer my membership of the SSRSS (and may be disclosed for these purposes to third parties where relevant, including my adviser, my employer, 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.
2. I have never made a withdrawal for a first or second chance home withdrawal before (whether from the SSRSS, any KiwiSaver Scheme or any other scheme).
3. I confirm the property I am purchasing is intended to be my principal place of residence within New Zealand.
4. I confirm that except where this application relates to a second chance home withdrawal, I have either not held an estate in land before, or any previous estate was or is held on the basis described in Rule 8(5) of the KiwiSaver scheme rules contained in schedule 1 of the KiwiSaver Act 2006.
5. I understand that should the information given be incomplete or incorrect, AMP will not be able to complete its assessment of the application for my first or second chance home withdrawal without receiving the complete and correct information.
6. I understand that final approval of my application for a first or second chance home withdrawal is subject to AMP receiving:
i. a solicitor's pre-printed bank deposit slip; and
ii. a copy of the sale and purchase agreement, which clearly shows me as the purchaser; and
iii. a letter of undertaking from my Solicitor in a form that is acceptable to AMP (the Solicitor's Certificate).
7. I understand that this withdrawal is:
i. subject to the approval of AMP; and
ii. the terms and conditions of the Specification Agreement.
8. I understand that my withdrawal value will be based upon the unit price(s) at the date my request is processed.
9. I understand that if the settlement as per the attached sale and purchase agreement is not completed by the due date or any extended date, the funds will be repaid by my solicitor to AMP as soon as practicable on my account with no deductions or disbursements.
10. I confirm that I am not an undischarged bankrupt or incapable of managing my affairs and that I am properly entitled to any payment made pursuant to this withdrawal application and that no other person has any claim against it.

I agree that any solicitor who has or will provide information about my first or second chance home withdrawal may be approached by AMP, and I hereby authorise such solicitor to give such further information in relation to this purchase as requested by AMP. A photocopy of this authorisation shall be read as the original.

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

Declared at PLACE this (date) D D M M Y Y Y Y

Member's signature SIGN HERE

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 taking declaration

of city (where signing)

Occupation

Signature of person authorised to take declaration SIGN HERE

Date D D M M Y Y Y Y

OFFICIAL MARK

(f) *Provide your identification to verify your identity and address

Please complete Option 1 in the table below and attach copies of the requested document (please tick which document you are providing).
If you **cannot provide a document from Option 1, then complete Option 2 or 3.**

Option 1 ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

Option 2 NZ Driver's Licence **PLUS** (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<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	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3 18+ identity card **PLUS** (ONE of the documents from this section)

<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
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IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this form.

Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to be addressed to you, and show the residential address detailed in section (a) and dated within the last 6 months.

- Letter or invoice from utility company
- Bank statement
- Letter from government agency (e.g. Inland Revenue, rates bill)

Please see section **(g) Certify or verify your documents** on the next page.

(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.