



AMP State Sector Retirement Savings Scheme (SSRSS)

Withdrawal from Voluntary Account 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, you are unable to use this withdrawal form. Please talk to your Adviser and request a QROPS withdrawal form. We also 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.

You can use this form to apply to withdraw funds from your voluntary account at any time:

- the minimum withdrawal is \$1,000 or the full value of your voluntary account
- you are able to make two withdrawals from your voluntary account between 1 July to 30 June each year

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

Email

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

IRD number

Prescribed Investor Rate (PIR)

 10.5% 17.5% 28%

We may collect PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. 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 (please tick)

The full value of my SSRSS voluntary account (after deduction of any fees, expenses, taxes)

or

A partial withdrawal of \$

If you've requested a partial withdrawal above, and you're invested in more than one investment fund, please tell us below which funds to withdraw from. If you don't tell us the funds and amounts, we will split the withdrawal equally across your funds.

Investment fund(s)	Amount (\$)

Have you received financial advice from an Adviser to make this withdrawal decision? Yes No

If yes, please ensure your Adviser completes section (g) at the end of this form.

(c) *Payment instructions

Please provide proof of your nominated bank account in the form of an original pre-encoded bank deposit slip or a certified true copy of your bank statement. The bank account must be a New Zealand bank account in your name or be a joint account incorporating your name. Refer to section (f) for a list of people who can certify your proof of bank account.

Account name

Account number

(d) *Your signature

I confirm that all the information provided in or with this Withdrawal Application is true and correct and that:

1. 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 applying for a withdrawal from my SSRSS account as detailed above, to be paid to the bank account specified in this form.
3. I acknowledge that payment of the withdrawal amount is in partial (in the case of a nominated sum less than the balance of my SSRSS account) or in full (in the case of the total balance) settlement of my rights and interests under the SSRSS and I indemnify the Supervisor, AMP and any of their related companies against any liability in relation to such payment.
4. I understand that fees may apply on my withdrawal.
5. I understand that AMP may request additional information from me relating to this Withdrawal Application.
6. I understand that if this Withdrawal Application is approved by the Manager and a full payment of the total value of my savings is made, then my membership of the SSRSS will end.
7. I understand that this withdrawal is subject to the terms and conditions of the Specification Agreement.
8. I confirm that I am not an undischarged bankrupt or incapable of managing my financial 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.

Member's signature

this (date)

(e) 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 initialled 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

(f) *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 (e) 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 (e) 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 (e) 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

(g) For Adviser use only

AMP Adviser name (if applicable)

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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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(h) *Checklist and next steps

***Checklist**

Please check you have completed the form correctly

- Have you completed all sections with an *?
- Have you signed the form in section (d)?
- Have you attached proof of your bank account in the form of an original pre-encoded bank deposit slip or a certified true copy of a bank statement?
- Have you attached any necessary verification of identity and proof of address documents?

Next steps

- If the request is approved we will process your withdrawal within 8 working days and funds will be credited to your nominated bank account. You will receive a notification from us stating the withdrawal amount. We will process your withdrawal at the unit prices effective on the day of your withdrawal.
- If your request is not approved, or if we require further information, we will notify you.