



# AMP State Sector Retirement Savings Scheme (SSRSS)

## Withdrawal application

Please send this completed form and supporting documents to:

**NZRT Customer Services**  
Freepost 170, PO Box 55  
Shortland Street, Auckland 1140

If you have any questions, please contact your Adviser or call us on 0800 800 267.

\*These fields must be completed

**\*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 NZRT account balances, as a result of having a QROPS account in the NZRT.

Use this form to apply for a withdrawal from the SSRSS if you:

- are leaving the State Sector on attaining age 50
- are partially retiring within 10 years of attaining New Zealand Superannuation age
- have attained New Zealand Superannuation age
- are a teacher who has attained age 50

We can't process your withdrawal if you haven't provided verification of your identity, so please make sure you complete sections (d) and (e).

**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.**

### (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 from 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We may collect PIE tax when your funds are withdrawn, using the information we have at the time you withdraw.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](http://amp.co.nz/pie) or [www.ird.govt.nz](http://www.ird.govt.nz) to help determine your PIR.

**(b) \*Withdrawal details**

I request (please tick)

A regular withdrawal of \$  (\$250 minimum) to be paid

Fortnightly  Monthly  Quarterly  Start date

The full value of my SSRSS 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 (\$)

Please tick one box below and ensure all requirements are attached

Reason for withdrawal	Requirements (please tick)
<input type="checkbox"/> I am leaving the State Sector on attaining age 50	Leaving employment form attached <input type="checkbox"/> Statement from employer attached <input type="checkbox"/> Proof of age attached <input type="checkbox"/>
<input type="checkbox"/> I am partially retiring within 10 years of attaining New Zealand Superannuation age	Statement from employer advising future hours attached <input type="checkbox"/> Proof of age attached <input type="checkbox"/> I will continue to contribute to the Scheme <b>OR</b> <input type="checkbox"/> I will no longer contribute to the Scheme <input type="checkbox"/>
<input type="checkbox"/> I have attained New Zealand Superannuation age	Proof of age attached <input type="checkbox"/>
<input type="checkbox"/> I am a Teacher who has attained age 50	Proof of age attached <input type="checkbox"/>

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 (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 (e) for a list of people who can certify your proof of bank account.

Account name

Account number

**(d) \*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 **(e) Certify or verify your documents** on the next page.

**(e) \*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 (d) 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 (d) 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 (d) 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**

**(f) \*Application and acknowledgements to the Manager**

I have reached/or will have reached the applicable qualifying date for the withdrawal on 

D	D	M	M	Y	Y	Y	Y
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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 Withdrawal Application will be used to process this Withdrawal Application and to administer my membership of the SSRSS (and may be disclosed for these purposes to third parties where relevant, including the Inland Revenue, my adviser, my employer's adviser, or another intermediary or distributor). I authorise AMP to obtain additional information in relation to this Withdrawal Application from any third party/entity. 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 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 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 and a full payment of the total value of my savings is made, then my membership of the SSRSS will end.
7. 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.
8. I understand that this withdrawal is subject to the terms and conditions of the Specification Agreement.

**Member's signature**

SIGN HERE									
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Date

D	D	M	M	Y	Y	Y	Y
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**(g) 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									
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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 section (f)?
- Have you attached copies of the relevant requirements to make the withdrawal listed in section (b)?
- 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.