



New Zealand Retirement Trust (NZRT) Personal Superannuation Section

Application form

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 Customer Services on 0800 800 267.

Product Disclosure Statement dated 20 October 2020

Please tick if you have transferred any UK sourced pension funds into a **Qualifying Recognised Overseas Pension Scheme (QROPS) account in the NZRT.**
If you have ticked this box we highly recommend you speak to your financial adviser as there may be additional withdrawal rules and restrictions that will apply to all your NZRT account balances.

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 your Adviser or AMP directly at the address above.
A disclosure statement is available from your Adviser on request and free of charge.

*These sections must be completed

(a) *Your personal details

Title Mr Mrs Ms Miss 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%

(Please note: We cannot process your application until we receive your IRD number.)

To help determine your PIR, go to amp.co.nz/PIE or ird.govt.nz.
If a PIR is not selected or you supply an incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instruct AMP to apply a different PIR.

(b) Nominated bank account details

Please give us a nominated bank account for all withdrawals. The bank account must be a NZ bank account. This should be in your name or be a joint account incorporating your name.

Account name

Account number

(c) *Select your investment options

Investment option	% of contribution
Lifesteps Investment Programme	
AMP Conservative Fund	
AMP Moderate Fund	
AMP Moderate Balanced Fund	
AMP Balanced Fund	
AMP Growth Fund	
AMP Aggressive Fund	
AMP Capital Assured Fund	
AMP Ethical Balanced Fund	
AMP Global Multi-Asset Fund	
AMP Income Generator Fund	
AMP Cash Fund	
AMP New Zealand Fixed Interest Fund	
AMP International Fixed Interest Fund	
AMP Australasian Shares Fund	
AMP International Shares Fund	
AMP Passive International Shares Fund	
AMP Property Fund	
ANZ Conservative Fund	
ANZ Balanced Growth Fund	
ANZ Growth Fund	
ASB Moderate Fund	
ASB Balanced Fund	
ASB Growth Fund	
Mercer Balanced Fund	
Nikko AM Conservative Fund	
Nikko AM Balanced Fund	
Nikko AM Growth Fund	
Total	100%

You can choose **up to seven** investment options which must add up to 100% of contributions.
If you do not choose any investment options you will be defaulted into the Lifesteps Investment Programme.

Please note: The Lifesteps Investment Programme is age-based. Please check you have provided your correct date of birth in section (a), as we will invest your funds in accordance with that date of birth. We take no responsibility for incorrect information.

(d) Fees

In the NZRT you will be charged the following fees:

Administration Fee of	<input type="text"/>	%	per year (the default fee is 0.80%)
A Service Fee of	<input type="text"/>	%	(maximum of up to 0.80%)
A One-off Adviser fee of	<input type="text"/>	\$	

You will also be charged an Investment Management Fee and other costs and expenses. The amount of these fees will depend on the fund or funds you are invested in.

These fees may change in the future. Please refer to the NZRT Personal Superannuation Section Product Disclosure Statement (PDS) and the "Fees and other charges" document available at amp.co.nz/forms for details of all the fees you may be charged in the NZRT.

(e) *Transfer from another Superannuation Scheme

Please complete this section if you are transferring funds from your existing workplace savings or superannuation plan into your NZRT Personal Superannuation Section Plan.

- Funds are to be transferred from another AMP Superannuation Scheme (Please attach a completed AMP Product Transfer form available from your Adviser)
- or
- Funds are to be transferred from another workplace savings superannuation Scheme. Please contact your existing Scheme provider to complete the transfer.
- or
- I am not transferring funds from an existing workplace savings or superannuation scheme.

We highly recommend you speak to your current provider or an Adviser before transferring your existing workplace savings or superannuation plan as any benefit(s) that you currently receive may not transfer across. Please also refer to the member booklet.

(f) *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)	<input type="checkbox"/> NZ certificate of identity

OR

Option 2 NZ driver licence **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 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 (e.g. Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

1. If you are providing previously certified identity documents, please ensure the documents have been certified not more than three months prior.
2. Please attach only certified copies of the original documents to this form.

(g) *Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (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"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
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, AMP employee or adviser

Dated

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (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

(h) Joining the NZRT

1. I apply for membership of the New Zealand Retirement Trust Personal Superannuation Section (the "NZRT").
2. I have received, read and understood the NZRT Personal Superannuation Section Product Disclosure Statement dated 20 October 2020 (the "PDS") and the NZRT Fund Update Booklet.
3. I understand my rights and benefits as a member of the NZRT.
4. The manager and issuer of the NZRT is AMP Wealth Management New Zealand Limited ("AMP"). The Supervisor is The New Zealand Guardian Trust Company Limited ("Supervisor"). None of the Supervisor, AMP or the AMP group of companies, their directors or any other person guarantees the NZRT, any investment in the NZRT or any returns on an investment in the NZRT.
5. If my application is accepted by AMP, I agree to be bound by the NZRT Trust Deed, the NZRT Scheme rules and the terms set out in the PDS.
6. I acknowledge that the information provided by me as part of this application and any subsequent information provided in connection with this application and/or my membership, either by me, the Inland Revenue or any other authorised party, will be used by AMP and the administration manager to verify my identity, process this application and to administer my membership of the NZRT ("Permitted Purposes"). I authorise AMP to collect information in relation to this application and my membership of the NZRT, from the parties referred to above. I acknowledge that the information provided to AMP may be disclosed for the Permitted Purposes to other parties where relevant, including the Supervisor, my Adviser, or another intermediary or distributor or to any other party as required to administer my membership. The information may also be used by AMP or third parties to offer me other products or services made available by the AMP group, and for market research purposes. I acknowledge that I have rights of access to, and correction of, the information about me held by AMP or the Supervisor of the NZRT subject to the provisions of the Privacy Act 1993 and amending legislation. I can exercise these rights by contacting AMP.
7. I understand that AMP can't process any withdrawal until my identity has been verified.
8. I consent to receiving electronic messages and information regarding the NZRT and any other products, services or promotions offered by AMP (or related companies of AMP) and I agree, pursuant to the Unsolicited Electronic Messages Act 2007, that the person sending any such message need not include a functional unsubscribe facility in the message.
9. I acknowledge that choosing an investment option (or options) is solely my responsibility, AMP is not to be regarded as representing or implying that any particular investment option (or options) is (or are) appropriate for my personal circumstances and my investment choice is a binding direction from me to AMP.
10. I acknowledge that in most cases I will not be able to withdraw my savings until I reach Scheme Retirement Age, as that term is defined in the PDS, or such later time as agreed by me.
11. I authorise AMP to disclose member information to the Financial Markets Authority as may be required from time to time under the Financial Markets Conduct Act 2013.
12. I acknowledge that if I have previously, or in the future, transfer any UK sourced pension funds to the NZRT, then I will be subject to additional terms and conditions as set out in the PDS.

(i) *Your signature

I acknowledge and confirm my acceptance of the above terms.

Signed by Member

SIGN HERE

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Have you received financial advice on this investment? Yes No If yes, please ask your Adviser to complete section (j).

(j) 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 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	2	0	Y	Y
---	---	---	---	---	---	---	---

*Checklist

Please check the application form has been completed correctly

- Have all sections with an * been completed?
 Have you received and read a copy of the NZRT Personal Superannuation Section Product Disclosure Statement and Fund Update Booklet?
 Have you completed the Identity verification in section (f)?
 Has the declaration by an agent or trusted referee been completed (signed and dated) in section (g)?
 Have you attached verified copies of identity documents and proof of address?
 Have you signed and dated the application in section (i)?
 If applicable, has your Adviser completed section (j)?