



RESET FORM

Please email this completed form and supporting documents to: NZRT@amp.co.nz or post to NZRT Customer Services Freepost 170, PO Box 55 Shortland Street, Auckland 1140

New Zealand Retirement Trust (NZRT)

QROPS Ill Health or Serious Ill Health form

Use this form to apply for an early withdrawal from your NZRT QROPS Account in the case of Ill Health or Serious Ill Health.

*Do you have any existing funds in NZRT? Yes No Membership number

If applying for an early withdrawal of non-QROPS money on the grounds of ill health please use the NZRT withdrawal and leaving employment forms.

We highly recommend you seek taxation advice before making any withdrawals as there may be potential UK tax implications.

Under QROPS rules, we are unable to process this withdrawal request unless you meet either ill health or serious ill health requirements.

Serious Ill Health: If we receive evidence from a registered medical practitioner that you are expected to live for less than one year, the full balance of your QROPS Account (after deduction of any fees and taxes) will be paid to you.

Ill Health: If you retire due to ill-health before reaching the normal minimum pension age (currently aged 55, increasing to 57 on 6 April 2028) and provide us with evidence from a registered medical practitioner that you are, and will continue to be, incapable of carrying out your occupation because of physical or medical impairment, the full balance of your QROPS account (after deduction of any fees and taxes) will be paid to you.

I am applying for an early withdrawal and have attached evidence that I have met the requirements of (please tick one)

Serious Ill Health Ill Health

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and post the form and any supporting documents to the address above.

If you would like any help or have any questions when completing this form, please contact your Adviser or call Customer Services on 0800 800 267. A disclosure statement is available from your Adviser on request free of charge.

*Where indicated, all sections must be completed

(a) *Member personal details – Please ensure all boxes are fully completed to assist processing

QROPS Membership number:

Title

Mr Mrs Ms Miss Mx Dr Other

Date of birth

First names

Surname

Residential address

Postcode

Postal address

Postcode

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Email address

IRD number

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

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

PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If your PIR details have changed, please advise your new PIR. To help determine your PIR, go to amp.co.nz/PIE or ird.govt.nz.

If a PIR is not selected and has not been previously 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) *Withdrawal details

I request

the full value of my NZRT QROPS account, or

a partial withdrawal of \$ (minimum withdrawal amount is \$1,000), or

a regular amount of \$ (minimum withdrawal amount is \$250).

Frequency Fortnightly Monthly Quarterly First payment date

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

All withdrawals are paid after the deduction of any fees, expenses and taxes.

I direct AMP to withdraw funds from the following fund options:

Investment option/funds	Amount	%
Lifesteps Investment Programme		
Diversified funds		
AMP Conservative Fund		
AMP Moderate Fund		
AMP Moderate Balanced Fund		
AMP Balanced Fund		
AMP Growth Fund		
AMP Aggressive Fund		
Declared Rate Fund		
Milford Conservative Fund		
Milford Balanced Fund		
Milford Active Growth Fund		
Milford Aggressive Fund		
Global Select Conservative Fund		
Global Select Balance Growth Fund		
Global Select Growth Fund		
Single sector funds		
AMP Cash Fund		
AMP NZ Fixed Interest Fund		
AMP Global Fixed Interest Fund		
AMP Australasian Shares Fund		
AMP International Shares Fund		
Total		100%

or Please make a withdrawal across all of my funds

(c) *Payment instructions

The bank account must be a NZ bank account in your name or be a joint account incorporating your name. Refer to section (h) for a list of people who can certify your proof of bank account.

Account name

Bank Branch Account number Suffix

IMPORTANT: For postal application, please provide either your original pre-encoded bank deposit slip or a certified true copy of your bank statement. For email application, please provide a certified true copy of the bank statement.

(d) *Statutory Declaration – Please ensure all boxes are fully completed to assist processing

I,

of

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

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

- I am applying to the Manager of the NZRT for a withdrawal from my NZRT QROPS Account, on the basis that I am suffering from (please tick one):
 Ill-Health, and I confirm that I have ceased to carry on my occupation.
 Serious Ill Health.
- I acknowledge that the Manager has recommended I should seek advice from a qualified tax adviser before making any withdrawal of my UK sourced pension funds from the NZRT.
- I understand that acceptance of the application is at the discretion of the Manager and that fees may apply to this withdrawal.
- I acknowledge that the Manager cannot process any withdrawal until my identity has been verified and it has received all information from me (satisfactory to it) that is required by UK legislation and/or for the Manager to determine that I am entitled to a withdrawal under QROPS rules, and I understand that additional information may be required from me from time to time.
- I understand that the Manager may request additional information from me relating to this application.
- 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.
- I authorise AMP to obtain additional information in relation to this application from any third party/entity.
- I understand that if this application is approved and a full withdrawal of my NZRT QROPS Account is made, then my membership of my NZRT QROPS will end.
- 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 application and that no other person has any claim against it.
- I indemnify the Supervisor, AMP and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of my membership of the NZRT and/or any withdrawal payment made.
- I acknowledge that the Manager may decline my withdrawal application if allowing the withdrawal would jeopardise the NZRT’s QROPS status.
- I irrevocably agree to disclose the above information to the HMRC and have authorised the Manager of the NZRT to do so.
- I understand that I am fully responsible for assessing my own eligibility to make a withdrawal from my NZRT QROPS Account and understand that the HMRC may impose charges and penalties on withdrawals (and I will be solely responsible for payment if these arise).
- I acknowledge that neither the Manager nor AMP bears any liability or responsibility for any tax consequences that may arise as a result of any transfer from, or payment of a benefit from the NZRT.

Tax Resident Declaration

- Complete clause (a) if your original transfer of UK sourced funds was prior to 6 April 2017:
(a) I have been a UK tax resident for tax purposes in this UK tax year (6 April to 5 April) or in any of the previous 5 tax years.
Yes No
Complete clause (b) if your original transfer of UK sourced funds was on or after 6 April 2017:
(b) I have been a UK tax resident for tax purposes in this UK tax year (6 April to 5 April) or in any of the previous ten tax years.
Yes No
Clause (c) must be completed, if applicable:
(c) I ceased to be a tax resident of the UK on

(d) My country of residence is

 - I have not been a New Zealand tax resident for the following periods, while I was a QROPS member in the NZRT.
From to
From to
From to

I confirm that for all other periods, I have been a tax resident of New Zealand.

(d) *Statutory Declaration – Continued

Tax Resident Declaration – Continued

- 17. I understand that a UK overseas transfer charge of 25% of the amount of my UK sourced pension funds (excluding returns) will apply if I am not a NZ tax resident when I withdraw my NZRT QROPS account and the withdrawal is made within five full UK tax years of the date of the original transfer out of the UK registered pension scheme (provided the original transfer was requested after 9 March 2017).
- 18. I understand that if a UK overseas transfer charge applies this charge will be deducted by the Manager from funds held in my NZRT QROPS account and paid to HMRC on my behalf, and if there are insufficient funds in my NZRT QROPS to pay this charge then I will indemnify the Manager for the shortfall.

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

Declared at

Member's signature

This (date)

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Official mark

Official mark

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 authorised to take a declaration

Date

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of city (where signing)

*Occupation

Signature of person taking declaration

Date

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(e) *Doctor's confirmation – please ask your Doctor to complete (Please ensure all boxes are fully completed to assist processing)

I, Dr

of

<input type="text"/>	<input type="text"/>
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Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Email address

certify that:

- (i) I am a registered practitioner with the Medical Council of New Zealand
- (ii) the person named in section (a) is a patient of mine; and
- (iii) in my opinion, the above-named is, and will continue to be incapable of carrying on their occupation due to physical or medical impairment.

OR

has a life expectancy of less than one year.

OR

in my opinion the member does not meet either of the criteria above.

As the Doctor of the member outlined in section (a), please give a brief description of the patient's condition and describe in the space provided below:

- (i) how the physical or medical impairment results in the member being incapable of carrying on their occupation; or
- (ii) what the medical condition is that results in the members life expectancy to be less than one year.

Doctor's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(f) Supporting documentation

Please supply the following supporting documentation with this application:

- Specialist(s) or hospital reports describing the injury, illness and/or disability and providing specific details of your condition.
- Written confirmation from employer that you have ceased to carry on working in your occupation (ill-health only).

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

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 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:

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.
3. If providing a certified copy of a drivers licence, please ensure both sides are certified.

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

(h) *Certify or verify your documents – Please ensure all boxes are fully completed to assist processing

Your documents can be certified by a trusted referee (use the **Certifying within New Zealand** section below for certifying documents in New Zealand or use the **Certifying outside of New Zealand** section below for certifying documents overseas), or verified by an Adviser/AMP employee acting as agent of AMP (use the **Certifying within New Zealand** 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.

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 (a) 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)**
 New Zealand Lawyer Justice of the Peace
 Chartered Accountant Police Constable
 Registered Medical Doctor Registered Teacher
 Fellow of the New Zealand Institute of Legal Executives
 Registrar or Deputy Registrar of the High Court or a District Court
 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

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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 (a) 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

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