



New Zealand Retirement Trust (NZRT)

QROPS Ill Health or Serious Ill Health form

Please send this completed form and supporting documents to your Adviser or to:
NZRT Customer Services
Freepost 170, PO Box 55
Shortland Street,
Auckland 1140

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 Membership number No

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 age 55 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 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

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Email

IRD number (if you have an 8 digit IRD# leave the first box blank)

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

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 the new PIR. To help determine your PIR, go to amp.co.nz/PIE or ird.govt.nz. Inland Revenue may also instruct AMP to apply a different PIR.

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

I,

of

<input type="text" value="RESIDENTIAL ADDRESS"/>	
<input type="text"/>	<input type="text" value="Postcode"/>

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.
- 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, the Inland Revenue, HMRC, my 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 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.
- 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

14. 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

15. 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

16. 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).
17. 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

this (date)

D	D	M	M	Y	Y	Y	Y
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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

FULL NAME, TITLE/OFFICE

of city (where signing)

Occupation

Signature of person authorised to take declaration

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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(g) *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 six 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 three 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 six months.

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

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 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 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 (h) 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 (h) 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 (h) 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

(i) *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 have completed accreditation for QROPS and 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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Next steps:

- If the request is approved we will process your withdrawal request within eight working days. We will process your withdrawal at the unit prices effective on the day of your withdrawal.
- If the request is approved we will direct credit your nominated bank account and send you a letter confirming the amount of your withdrawal.
- If your request is not approved we will advise you.

Checklist

Please check you have completed the form correctly

- Have you completed all sections with an *?
- Have you completed the statutory declaration in section (d)?
- Have you attached any necessary verification of identity and proof of address documents?
- 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 (if required)?
- Has your Doctor completed section (e)?
- Have you attached documentation to support your application (e.g. specialist reports, leaving employment confirmation letter)?
- Has your Adviser completed section (i) of this form?