



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

# New Zealand Retirement Trust (NZRT)

## Withdrawing funds application – QROPS member

**Use this form to apply for a withdrawal from your NZRT QROPS Account or transfer your NZRT QROPS Account to another QROPS.**

You can apply to withdraw your retirement benefit from your NZRT QROPS account only after reaching age 55.

**\*Do you have any non-QROPS funds in NZRT?**  Yes **Membership No**   No

Check the Personal Superannuation Section Product Disclosure Statement to see what withdrawals you can make from your QROPS account and any conditions that apply.

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

**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 and free of charge.**

\*Where indicated, all sections must be completed

### (a) \*Member personal details

Member number

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

Date of birth

First names

Surname

Email

Residential address

Postcode

Postal address (if different from above)

Postcode

Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

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](http://amp.co.nz/PIE) or [ird.govt.nz](http://ird.govt.nz). Inland Revenue may also instruct AMP to apply a different PIR.

\*Please complete Section b or Section c as applicable.

**(b) Transfer to another QROPS**

**1. Please complete this section if you are transferring your QROPS account to another QROPS. Please note there are circumstances in which you may have to pay UK tax on this transfer if you are not a tax resident in the same country as the QROPS that you are transferring your NZRT QROPS account to. Before transferring you should seek advice on the potential UK tax implications of making this transfer.**

I have attached a completed and signed HMRC APSS255 Form with this application.

Name of QROPS Scheme/Provider

Membership number of QROPS

Address of QROPS Scheme/Provider   Postcode

QROPS Scheme HMRC reference number

This is the QROPS Provider's reference number allocated to the scheme by HMRC, when the notification that it met the requirements to be a recognised overseas pension scheme was acknowledged.

**(c) Withdrawal details**

Please complete this section if you are withdrawing funds from your QROPS account after reaching age 55.

I request (please tick)

the full value of my NZRT QROPS account, or

a partial withdrawal of \$  (minimum withdrawal amount is \$1,000), and/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	or	%	or Please withdraw across all of my funds <input type="checkbox"/>
AMP Lifesteps Investment Programme				
<b>Diversified funds</b>				
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				
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				
<b>Goal-based funds</b>				
AMP Income Generator Fund				
AMP Global Multi-Asset Fund				
<b>Single sector funds</b>				
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				
<b>Total</b>			<b>100%</b>	



**(e) \*Statutory declaration – continued**

**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 resident for tax purposes in this UK tax year (6 April to 5 April) or in any of the previous five UK 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 UK tax years.

Yes  No

Clause (c) must be completed, if applicable:

(c) I ceased to be a tax resident of the UK on

15. I was not a New Zealand Tax resident for the following periods, while I was a QROPS member in the NZRT.

From  To

From  To

From  To

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 (a) I am not a NZ tax resident when I withdraw my NZRT QROPS account or; (b) I am not a tax resident in the same country that I am transferring my NZRT QROPS account to; and the transfer/withdrawal is being made within five full UK tax years of the date of the original transfer from the UK registered pension scheme (and that 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 Manger 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 account 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 Declaration Act 1957.

Declared at (place)  this (date)

**Member's signature**

Before me (JP, Solicitor, Notary Public or other person authorised to take statutory declarations, such as Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament).

Name  of city (where signing)

Occupation

Date

**Please ensure you read the Next Steps and Checklist sections at the bottom of page 7.**

**(f) \*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 **(g) Certify or verify your documents** on the next page.

**(g) \*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 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 (g) 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 (g) 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 (g) 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**

**(h) \*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
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Date

D	D	M	M	Y	Y	Y	Y
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**Next steps:**

- We may contact you to confirm your withdrawal request.
- If the request is approved we'll process your withdrawal request within eight working days. We'll process your withdrawal at the unit prices effective on the day of your withdrawal.
- If the request is approved we'll direct credit your nominated bank account and post you a letter confirming the amount of your withdrawal.
- If your request is not approved we will advise you.
- Please make sure you provide ALL supporting documentation when you post this application. Failing to do so will delay the application process or result in your application being declined. We will contact you if we require further information.

**\*Checklist – Please ensure all boxes are fully completed to assist processing**

Please check you have completed the form correctly

Have you completed all sections with an \*?

If you are requesting a transfer, have you attached a HMRC APSS255 Form?

Have you included an original pre-encoded bank deposit slip or a certified true copy of a bank statement in section (d)?

Have you completed section (e)?

Have you included your identification documents that have been certified by your trusted referee or verified by your Adviser or an AMP employee in section (g)?

Has your Adviser completed section (h)?

Once you have completed all items on the checklist please post your documents to NZRT Customer Services, Freepost 170, PO Box 55, Shortland Street, Auckland, 1140.