

[RESET FORM](#)

Please send this completed form and any supporting documents to:
investments@amp.co.nz
or post to

AMP Services (NZ) Limited
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
[We're here to help](#)

If you have any questions please contact your Adviser or call us on **0800 267 111**.

Savings & Investment Portfolio (SIP) AMP Personal Retirement Plans

Withdrawing funds form

Use this form to make a withdrawal of some or all of your funds from your SIP Portfolio.

This form can be completed on-screen by typing content directly into the PDF document.

Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

*These fields must be completed

(a) Your personal details – please ensure all boxes are fully completed to assist processing

*Portfolio number

*Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Dr ☐ Other

*Date of birth

*First names

*Surname

^Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Dr ☐ Other

^Date of birth

^First names

^Surname

^Complete if joint membership

*Postal address

Postcode

*Email

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

(b) *Withdrawal details

☐ 20% of the balance of my Personal Retirement Plan (PRP) account ☐ Full withdrawal ☐ Partial withdrawal (minimum \$250)

*If you make regular savings payments to PRP, do you wish your payments to continue?

☐ Yes ☐ No

Investment fund*	PRP	\$ Amount to withdraw

Note: Withdrawals from SIP PRP

For SIP PRP, you can make one withdrawal (or one switch out) per calendar year. This can be up to 20% of your balance at that time. This applies until you reach age 55 or, if you have a signed a Locked-In Agreement, until the expiry of that agreement (whichever is later).

Payment will be made to the nominated bank account AMP have on file for you. If you are unsure what the nominated bank account is, please call us on 0800 267 111. If you have never set up a nominated bank account or wish to change the account we currently have for you, please complete section (d) and (e) of this withdrawal form.

*Advice

☐ Yes ☐ No

If yes, please ensure your Adviser completes Section (g).

Your nominated bank account is the bank account to which AMP will make payments from this investment. Your nominated bank account must be a New Zealand bank account held in your name or jointly held in your name.

*Account name

[illegible]

*Account number

[illegible]

☐ Pre-encoded deposit slip; or ☐ Certified true copy of a bank statement

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 and proof of your NZ residency/citizenship)	<input type="checkbox"/> NZ certificate of identity

OR

Option 2 ☐ NZ driver licence (front and back)
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)
- ☐ 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 have provided certified identity documents and proof of address to AMP after 30 June 2013 (and you are using the same bank account) you don't need to provide them again.
2. Please attach only certified copies of the original documents to this form.
3. If you are providing previously certified identity documents, please ensure the documents have been certified **not more than three months prior**.

☐ I would like AMP to electronically verify my identity where possible if there are any issues with the certification of my identification documents provided.

Example of a correctly certified document below.



I, Jane Doe

certify this to be a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification.

Dated the 26th day of August 2019

Jane Doe

Solicitor of the High Court

Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

- I, FULL NAME OF TRUSTED REFEREE confirm that
- 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.
 - The documents that have been provided represent the identity of the person named in section (a) of this form.
 - 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)	
 - 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

SIGN HERE

Dated

D D M M Y Y Y Y

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, FULL NAME OF TRUSTED REFEREE confirm that
- 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.
 - The documents that have been provided represent the identity of the person named in section (a) of this form.
 - I am a ROLE/DESIGNATION
 - In this capacity, I am authorised to take statutory declarations under the Laws of RELEVANT OVERSEAS JURISDICTION
 - 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

SIGN HERE

Dated

D D M M Y Y Y Y

(f) *Declaration

To the best of my/our knowledge and belief, the above information is true and accurate. In respect of full withdrawals, I/we authorise you to terminate my/our membership of the AMP Savings and Investments Portfolio. I/We acknowledge that I/we have no further claim against, or financial interest in, the AMP Savings & Investments Portfolio and discharge you from all its trust.

Signature

SIGN HERE

Dated

D D M M Y Y Y Y

Signature

SIGN HERE

Dated

D D M M Y Y Y Y

Note: Where your portfolio is jointly owned, both clients must sign above.

(g) For Adviser use only

Adviser name

Adviser code

Adviser's business name

I certify that I have completed the most recent training provided by AMP for this product, and have complied with the requirements of the Financial Markets Conduct Act 2013 and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

D D M M Y Y Y Y

(h) *Checklist and next steps

*Checklist:

Please check you have completed the form correctly

- | | |
|---|---|
| <input type="checkbox"/> Have you completed all fields with an *? | <input type="checkbox"/> Have you signed the form? |
| <input type="checkbox"/> If applicable, have you attached the original certified supporting documents required? | <input type="checkbox"/> If applicable, has your Adviser completed Section (g)? |

Next steps:

- We may contact you by phone to confirm your withdrawal request.
- If the request is approved we'll direct credit your nominated bank account and send you a notification confirming the amount of your withdrawal.
- If your request is not approved we will advise you.
- Please make sure you provide ALL supporting documentation. Failing to do so may delay the application process or result in your application being declined. We will contact you if we require further information.