



Please send this completed form and any supporting documents to:

**AMP Services (NZ) Limited**  
Freepost 170, PO Box 55  
Shortland Street, Auckland 1140

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

# Savings & Investment Portfolio (SIP)

## 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.

A disclosure statement is available from your Adviser on request and free of charge.

\*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  Dr  Other 

\*Date of birth

\*First names

\*Surname

^Title

 Mr  Mrs  Ms  Miss  Dr  Other 

^Date of birth

^First names

^Surname

^Complete if joint membership

Name of Entity (for Trusts, partnerships or companies)

\*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*	UT/PRP/IB	\$ Amount to withdraw

If you are withdrawing from the AMP Unit Trust, the Manager will use the Manager Repurchase withdrawal method unless you elect the Direct Redemption withdrawal method. The two methods have different tax implications. For more information on how withdrawals are taxed, refer to the 'AMP Unit Trust Tax Information Sheet' available on [amp.co.nz/amp/forms](http://amp.co.nz/amp/forms).

#### Note: Withdrawals from the AMP PRP.

For the AMP 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).

**(c) \*Payment instructions**

Payment will be made to the nominated bank account AMP have on file for you. If you have never set up a nominated bank account with AMP or wish to change the nominated bank account we currently have for you, you will need to fill in the 'Nominated Bank Account Form'. The 'Nominated Bank Account Form' should be completed, attached to this form with all supporting documentation and **posted** to AMP.

Will you be providing a 'Nominated Bank Account Form' and supporting documentation with this application form?  Yes  No

**\*Advice**

Have you received financial advice from an Adviser on this withdrawal?  Yes  No  
If yes, please ensure your Adviser completes Section (e).

**(d) \*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.

If my/our withdrawal is a full withdrawal from the AMP Insurance Bond, I/we additionally confirm that:

- I am/we are the owner(s) of the policy
- The policy document is not held by any person, bank or company
- The policy has not been sold, assigned, mortgaged or deposited as security with any person, bank or company

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.

**(e) 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 a:

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 & 2 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

**(f) \*Checklist and next steps**

**\*Checklist:**

Please check you have completed the form correctly

- Have you completed all fields with an \*?
- Have you signed the form?
- If applicable, have you attached the 'Nominated Bank Account Form' and supporting document as per this form?
- If applicable, has your Adviser completed Section (e)?

**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.