



Please send this completed form to:  
**Superannuation Master Trust**  
**AMP Customer Services**  
**PO Box 1692**  
**Wellington 6140**

# Superannuation Master Trust

## Changing your investment portfolio

If you have any questions please contact your Adviser, or call us on 0800 808 801.

Use this form to switch your existing investments to a different investment portfolio and/or change where your future contributions will be invested.

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

Once you have completed and signed this form, please send it and any supporting documentation to the address above.

\*These fields must be completed

### (a) Your personal details

\*Plan number:

Title:

 Mr  Mrs  Ms  Miss  Dr  Other 

Date of birth

\*First names

\*Surname

\*IRD number

Email

\*Postal address

Postcode

\*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

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

**Note: You are responsible for giving us your PIR for a particular tax return period and your IRD number. If your PIR has changed, please tell us your new PIR. If you're unsure of your PIR, please go to [amp.co.nz/pie](http://amp.co.nz/pie), or contact your Adviser or call Inland Revenue.**

## (b) New investment instructions

Please make the following changes to the Investment Portfolios in which my total accounts and/or contributions are invested.

I confirm that these changes are consistent with the options available to me in the plan.

Please tick (you can tick more than one)

- A  Switch **only** my current balance to the Investment Portfolio(s) selected below.  
 B  Invest **only** my future regular contributions in the Investment Portfolio(s) selected below.  
 C  Switch **both** my current and future contributions in the Investment Portfolio(s) selected below.

and/or

- D  Invest a lump sum contribution in the Investment Portfolio(s) selected below.

Either a cheque for \$  is attached

or funds will be transferred from  (e.g. ABC Superannuation Fund).

Investment portfolio name	A % of total accounts	B % of total accounts	C % of total accounts	Investment code
<b>Diversified Portfolios</b>				
Conservative	%	%	%	ASMTPMMCON
Balanced	%	%	%	ASMTPMMBAL
High Growth	%	%	%	ASMTPMMHG
<b>Sector Portfolios</b>				
Cash	%	%	%	ASMTPAXAC
NZ Fixed Interest	%	%	%	ASMTPAXAF
International Fixed Interest	%	%	%	ASMTPAXAIF
Listed International Property	%	%	%	ASMTPCFSLP
Listed NZ & Australian Property	%	%	%	ASMTPGTLP
NZ & Australian Shares (Multi-manager)	%	%	%	ASMTPAXAAS
NZ & Australian Shares (Value)	%	%	%	ASMTPARCAS
International Shares (Growth)	%	%	%	ASMTPGETIS
International Shares (Value)	%	%	%	ASMTPLFIS
International Shares (Passive)	%	%	%	ASMTPSSGIS
<b>Total Contributions</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\*Have you received financial advice from an Adviser in making this decision to change your investment?

Yes  No

If yes, please ensure your Adviser completes the section (d).

## (c) Your signature

To: AMP Wealth Management New Zealand Limited ("AMP")

- I understand that if AMP accepts these investment instructions, they will be implemented as soon as possible after AMP has received them, and will apply until I advise AMP otherwise.
- I acknowledge that any fees payable will be deducted from my account.
- I acknowledge that tax will be calculated and debited (where appropriate) at my recorded PIE tax rate and that it is my responsibility to notify AMP of my correct PIR.
- I acknowledge that if for any reason AMP is not able to accept or process these investment instructions, AMP will contact me. Until such time as these investment instructions are accepted and processed by AMP, any contributions I make will be invested in accordance with the existing investment instructions.
- I acknowledge that none of my employer, the Supervisor, or the Manager guarantee the performance of the investment funds selected.

I confirm that the above information is correct and I request that AMP update its records to reflect the changes specified in this form.

\*Member's signature

\*Date

**(d) 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 am a:

- 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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**\*Checklist:**

Please check you have completed the form correctly

- Have you completed all fields with an \*?
- Have you selected either A, B, C or D in section (b)?
- Have you signed and dated section (c)?