



Superannuation Master Trust

Deceased member withdrawal application

Please send this completed form and supporting documents to:
investments@amp.co.nz
**AMP Wealth Management
New Zealand Limited**
Freepost 170, PO Box 55 Shortland St,
Auckland 1140
If you have any questions when completing this form, please call Customer Services on 0800 081 081.

Use this form to apply for a withdrawal of a deceased member's Superannuation Master Trust (SMT) savings.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

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

An Adviser's disclosure statement is available from the member's Adviser on request and free of charge.

If you want to know which requirements are necessary, please contact the deceased member's Adviser or call Customer Service on 0800 808 801.

This member's SMT balance is (please tick):

Over \$15,000

Did the member leave a will?

| | Document required | Who is the personal representative? | |
|-----|---------------------------|-------------------------------------|---|
| Yes | Probate | Executor | Either Probate or Letters of Administration must be supplied with this application if the member's SMT account balance is over \$15,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor. |
| No | Letters of Administration | Administrator | |

Under \$15,000

For SMT accounts with a balance under \$15,000 where no Probate or Letters of Administration are applied for, the following people can act as the personal representative and may apply for a withdrawal by completing this form (make sure you complete clause 8 of the statutory declaration in section (e)):

- the widow, widower, surviving civil union partner, or children of the deceased person
- a surviving de facto partner of the deceased person
- the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors or any of them
- any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors

*These fields must be completed

(a) Deceased member details

*Plan number

*Estate of (full name of member)

*Date of birth

*IRD number

Prescribed Tax 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 the member's PIR has changed, please advise the new PIR. If you're unsure of the member's PIR please go to amp.co.nz/PIE for help or contact the member's Adviser or Inland Revenue.

(b) Personal representative details

*Full name of personal representative (1)

Date of birth

*Postal address

Postcode

*Please provide at least one contact number

Daytime phone

Mobile phone

Email

(b) Personal representative details (continued)

Full name of personal representative (2)

Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Postal address

| | | |
|----------------------|--|----------|
| <input type="text"/> | | |
| <input type="text"/> | | Postcode |

Please provide at least one contact number

Daytime phone

Mobile phone

Email

(c) *Payment instructions

Please provide proof of bank account in the form of an original **pre-encoded bank deposit slip** or a certified true copy of a bank statement.

The bank account must be a New Zealand bank account in the name of the member's estate, personal representative(s) or solicitor's trust account.

*Account name

*Account number

Payment will be made in New Zealand dollars.

(d) *Supporting documentation

Please supply the following supporting documentation with this application:

Balance of account is over \$15,000 (please tick):

- A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s))
- An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s))
- A certified copy of the full death certificate of the deceased member
- Certified copy of Probate or Letters of Administration
- Section (e) (excluding clause 8) of this form.

Balance of account is under \$15,000 (please tick):

- A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s))
- An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s))
- A certified copy of the full death certificate of the deceased member
- Section (e) (including clause 8) of this form completed
- A certified copy of the will, where there is one.

What is a Certified copy?

This means that a Justice of the Peace or Solicitor must certify that the copies being provided are true and correct copies of the original document. To do this, any copied document must have the statement: I certify that I have sighted the original document and this is a true and correct copy (stamped or written on the copy) and must be signed by the Justice of the Peace or Solicitor.

IMPORTANT: If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this application.

(e) Statutory declaration

*Full name of personal representative (1)

Full name of personal representative (2)

do solemnly and sincerely declare that:

1. I am/We are applying to AMP for a full withdrawal of the member's SMT account to be paid into the bank account specified in this application and I/we understand that the deceased member's membership of the SMT will end;
2. I/We confirm that the information in this application (and any attachments to this application) is true and correct;
3. I/We understand that acceptance of the application is at the discretion of AMP and that fees may apply;
4. I/We understand that AMP may request additional information from me/us relating to this application;
5. I/We acknowledge that the Privacy Act 1993 provides me/us with the right to request access to and/or correction of any of my/our personal information held by AMP (AMP in this context includes all the members of the AMP Group of Companies and their subsidiaries, associated companies and agents) or the Supervisor of the SMT. I/We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of the SMT (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). I/We authorise AMP and/or the Supervisor to obtain additional information in relation to this application from any third party/entity.
6. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
7. I/We 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 the deceased member's membership of the SMT and/or withdrawal amount.

(e) Statutory declaration (continued)

8. Please complete for member's with a SMT account balance under \$15,000 only

the deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for Letters of Administration.

or

the above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased's life in terms of Section 65 of the Administration Act 1969 and I/we will if called upon indemnify AMP Wealth Management New Zealand Limited, and/or any related company and/or and Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

*Relationship to the deceased

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Personal representative (1)

Declared at

***Personal representative(1) signature**

this (date)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

Full name, title/office of person authorised to take a declaration

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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of city (where signing)

Occupation

Signature of person taking declaration

| |
|---------------|
| Official mark |
| Official mark |

Personal representative (2)

Declared at

Personal representative(2) signature

this (date)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

Full name, title/office of person authorised to take a declaration

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
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of city (where signing)

Occupation

Signature of person taking declaration

| |
|---------------|
| Official mark |
| Official mark |

Send your completed form to:

Superannuation Master Trust, AMP Wealth Management New Zealand Limited, Freepost 170, PO Box 55 Shortland St, Auckland 1140

(f) *Checklist

Please check you have completed the form correctly

- | | |
|--|--|
| <input type="checkbox"/> Have you completed all fields with an *? | <input type="checkbox"/> Have you attached copies of the documents detailed in section (d)? |
| <input type="checkbox"/> Have you included original or certified proof of bank account in section (c)? | <input type="checkbox"/> Have you completed the Statutory Declaration in section (e) (including clause 8 if the member's SMT account balance is under \$15,000)? |

(g) For Adviser use only

AMP Adviser name (if applicable)

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|
| B | L | O | C | K | | L | E | T | T | E | R | S | | | | | | | |
|---|---|---|---|---|--|---|---|---|---|---|---|---|--|--|--|--|--|--|--|

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 see Category 1 Product)
- AMP QFE Category 1 Adviser
- Other (specify) _____

And I certify that the information provided in this Adviser use only 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

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|