



# Superannuation Master Trust

## Financial Hardship 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 from the Superannuation Master Trust (SMT) if you are experiencing, or likely to experience, financial hardship. 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 documents to the address above.

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

Please note that any financial hardship withdrawal of SMT savings is subject to the Manager's approval.

### How do I apply for a financial hardship payment?

To apply, please:

- Read the definition of financial hardship in section (c) to make sure your circumstances fit the criteria.
- Complete this SMT Financial Hardship Withdrawal Form.
- Remember to include supporting documentation for your application. This may be your two most recent bank statements, letters from creditors, receipts, quotes, or other supporting documents that show why you are suffering from financial hardship.
- Contact a Justice of the Peace or any other person authorised to take statutory declarations. We won't be able to progress your application unless you've signed the Statutory Declaration in section (g) and had it witnessed by an authorised person. You can find a list of local Justices of the Peace in the Yellow Pages or online at [www.justiceofthepeace.org.nz](http://www.justiceofthepeace.org.nz).

### How can I stop further contributions being made?

If you also wish to stop any further contributions being made into your plan, please send in a letter of request.

### Where can I get budgeting advice?

For free, confidential budget advice you can visit the website [www.sorted.org.nz](http://www.sorted.org.nz) or call the New Zealand Federation of Family Budgeting Services.

\*These fields must be completed

### \*(a) Your personal details

\*Plan number

\*Date of birth

\*Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*First name(s) (please print)

\*Surname

\*Residential address

  

\*Postal address (if different from above)

  

\*Please provide at least one contact number

Home phone

Work phone

Mobile phone

\*Email

\*IRD number (if you have an 8 digit IRD number leave the first box blank)

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

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you're unsure of your PIR, please go to [amp.co.nz/PIE](http://amp.co.nz/PIE) for help or contact your Adviser or Inland Revenue.



## Other assets

Asset type	Value
Shares	\$
Debentures	\$
Other (e.g. Bonus bonds, loans, money owed to you)	\$
Superannuation policies (current value)	\$
	\$
Vehicles (e.g. car, boat, caravan – list the make, model and year)	\$
	\$
Other - (specify):	\$
	\$
<b>Total all assets (add all amounts in the right hand column) and insert total in box (1)</b>	<b>(1) \$</b>

## Liabilities/debts you owe - complete all details and attach certified copies of accounts for the last three months

Mortgages/loans/bank overdrafts – list bank or institution	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and insert total in box (i)		\$	(i) \$

Credit/Store cards – list bank or institution	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and insert total in box (ii)		\$	(ii) \$

Other debts/Hire purchase – e.g any rent arrears	Credit limit	Amount owing	Amount overdue
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total balance overdue amounts (add all amounts in the right hand column) and insert total in box (iii)		\$	(iii) \$

<b>Total all liabilities (add all amounts in the right hand column) and insert total in box (2)</b>	<b>(2) \$</b>
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## Income and expenses - information must include the total household income and expenditure

**Note:** Monthly to weekly =  $x 12 \div 52$   
Annual to weekly =  $\div 52$

Income (weekly, net after tax) enter all sources of income, including details of your spouse or partner's income	Weekly amount
Salary/wages/part-time work (provide last four payslips)	\$
Spouse or partner's income (provide last four payslips)	\$
Self-employed income	\$
Working for Families Tax Credits	\$
WINZ benefit/Superannuation	\$
Child support received	\$
Rent/board received	\$
Other (specify):	\$
	\$
	\$
<b>Total all income (add all amounts in the right hand column and insert total in box (3))</b>	<b>(3) \$</b>

<b>Expenses (weekly)</b> enter all weekly expenses, including details of your spouse or partner's expenses <i>(attach certified copies of payment demands for accounts that are in arrears)</i>		<b>Weekly amount</b>
Food/groceries		\$
Rent/board/mortgage		\$
Bus/train/petrol		\$
Childcare/school expenses		\$
Child maintenance payments		\$
Gas/electricity		\$
Telephone/mobile		\$
Clothing		\$
Hire purchase payments		\$
Credit/Store card(s) payments		\$
Loan repayments		\$
Insurance (car, house, contents, boat etc)		\$
Vehicle registration(s)		\$
Council rates		\$
Water rates (if applicable)		\$
Medical insurance		\$
Life insurance/superannuation		\$
Other (specify)		\$
		\$
		\$
<b>Total all expenses (add all amounts in the right hand column and insert total in box (4))</b>		<b>(4) \$</b>
<b>Surplus/Deficit</b>	<b>(3) - (4) =</b>	<b>\$</b>

**Please attach copies of all relevant supporting documentation.**

1. Give a full and complete explanation of the reason you are seeking a financial hardship withdrawal. Please note that the Manager may direct that the amount withdrawn be limited to a specified amount that in the Manager's opinion, is required to remedy the particular financial hardship.


2. How will the withdrawal remedy your financial hardship?


3. What are the implications for you should this application not be approved?


4. Please describe plans you have put into place to prevent these financial difficulties from happening again


5. Have you considered alternative sources of funding, refinancing or topping-up existing borrowings to resolve the financial hardship situation? If you have, what was the outcome? Please note that the Manager is required to be satisfied that reasonable alternative sources of funding have been explored and have been exhausted.


6. How much money do you need to alleviate your financial hardship? Amount \$

**Please note:** In granting this application the Manager may consider the withdrawal of all or part of the amount. We may also request further financial information from you.



### (h) 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 6 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 3 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 show the **residential address** detailed in section (a) and be dated within the last 6 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 identity and address documents** on the next page.

### (i) Certify or Verify Your Identity and Address Documents

Your identity and nominated bank account documents can be certified by a trusted referee (use the first box below), or verified by an Adviser or AMP employee acting as agent of AMP (use the second box 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 (e) 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 (e) 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 (f) 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

**(j) 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 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 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
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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 provided proof of bank account section (b)?
- Have you completed section (e) of this form, and provided evidence where appropriate?
- Have you signed this form, section (g)?
- If applicable, has your Adviser completed section (j)?
- 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 (i)?

Once you have completed all items on the checklist please post your documents to:

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

For more information call free **0800 081 081**. Overseas customers call **+64 4 474 4500**