



Please send this completed form and supporting documents to:

Superannuation Master Trust
AMP Customer Services
PO Box 1692
Wellington 6140

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

Superannuation Master Trust

Superannuation scheme transfer

Use this form if you would like to transfer from the Superannuation Master Trust (SMT) to another registered superannuation scheme.

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.

Important information for you to read:

- The approval of your transfer application is at the Manager's discretion
- Transfers may be subject to an early withdrawal fee. The level of the fee charged is at the Manager's discretion.

*These fields must be completed

(a) To be completed by member

*Plan number

*Date of birth

Title

 Mr Mrs Ms Miss Dr Other

*First names

*Surname

*Residential address

*Postal address (if different from above)

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

*Email

*IRD number

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 transfer is made. If you're unsure of your PIR, please go to amp.co.nz/PIE for help or contact your Adviser or Inland Revenue.

I wish to transfer from SMT to (new scheme name)

***(b) To be completed by the person authorised by the Supervisor of the transferee scheme**

First names

Surname

Occupation

I certify that the (name of the scheme)

is a registered superannuation scheme or a KiwiSaver Scheme under the Financial Markets Conduct Act 2013 and that the Supervisor of this scheme is prepared to accept this transfer into the scheme and confirm that the Transfer Value will be given to the member immediately on payment of the Transfer Value to this scheme.

Scheme registration number

Member number

Name of the transferee scheme Bank account and account number

Account name

Account number

References for payment

Transferee scheme address (for correspondence purposes)

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

Signature

This (date)

Please attach a copy of the transferee scheme's Trust Deed OR a copy of the benefit and early withdrawal provisions of the transferee scheme's Trust Deed.

(c) UK Pension transfers

1. Were any of the funds in your superannuation plan transferred either directly or indirectly (including via another New Zealand superannuation scheme) from a UK registered pension scheme? No Yes
2. Have you been a UK resident for UK tax purposes at any time during the current or previous five complete UK tax years (6 April to 5 April each year)? No Yes

If you have answered 'No' to both of the above questions, skip to section (e). Make sure you read the 'Next Steps' and 'Checklist' sections carefully. If you have answered 'Yes' to one or both of these questions AMP may be required to report your withdrawal to Her Majesty's Revenue and Customs (HMRC) and this withdrawal may incur an unauthorised payment charge.

- The rules around withdrawals are complex and each person's circumstances vary.
- Please contact your tax adviser or HMRC for further information prior to withdrawal.
- Please note that if you make an unauthorised withdrawal then you are personally responsible to report the withdrawal to HMRC.

If you answered 'yes' to one or both of the questions above, please ensure you complete section (d).

(d) Non-UK tax resident withdrawal declaration

Please complete this declaration if you transferred funds (directly or indirectly) from your UK registered pension scheme into your SMT plan.

I (full name of member)

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

of (Address)

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

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

Occupation

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

Plan Number

Solemnly and sincerely declare that:

1. I understand that the UK tax year runs from 6 April to 5 April; and
 2. I have not been a UK resident for UK tax purposes at any time during the current or previous five complete consecutive UK tax years; and
 3. I understand that this Declaration will be used to support my application to withdraw funds transferred from my UK registered pension scheme.
- And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

*Declared at PLACE

*this (date) D D M M Y Y Y Y

***Member’s signature** SIGN HERE

before me (Justice of the Peace, solicitor, notary public, or other person authorised to take statutory declaration, such as the Registrar or Deputy Registrar of the High Court or of any District Court or a member of Parliament):

*Full name, title/office of person taking declaration

*of city (where signing)

*Occupation

***Signature of person authorised to take declaration**
SIGN HERE

*Date D D M M Y Y Y Y

OFFICIAL MARK

If you have completed a ‘Non-UK Tax Resident Withdrawal Declaration’, AMP may still report your withdrawal to HMRC.

Please note: Tax legislation is complex, and may change from time to time. The information provided is based on AMP’s understanding of current tax legislation. As AMP is not an expert on tax law (including UK tax law), and as individual circumstances may vary, we strongly recommend that you seek the advice of an independent professional tax adviser.

(e) Member’s signature

I certify the information given in this form is true and correct. I indemnify AMP Wealth Management New Zealand Limited and The New Zealand Guardian Trust Company Limited (as Supervisor of the Scheme) for any loss incurred or damage suffered by it or any other party resulting from any false or incomplete information given in this form (including the declaration in section d).

*Member’s signature
SIGN HERE

*Date D D M M Y Y Y Y

Have you received financial advice from an Adviser in making the decision to make this withdrawal?

Yes No

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

*f) Provide your identification to verify your identity

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
---	--

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.

***(g) Certify or verify your identity and nominated bank account 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)**

- New Zealand Lawyer
- Justice of the Peace
- Notary Public
- Registered Medical Doctor
- Chartered Accountant
- Police Constable
- Registered Teacher
- Kaumātua
- Member of Parliament
- Minister of Religion
- Commonwealth Representative
- NZ Honorary Consul
- Fellow of the New Zealand Institute of Legal Executives acting in the employment of a lawyer
- 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

(h) 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 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
---	---	---	---	---	---	---	---