



Please post 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

Withdrawal application

Use this form to apply for a withdrawal from your Superannuation Master Trust (SMT) account.

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.

*These fields must be completed

(a) Member personal details – Please ensure all boxes are fully completed to assist processing

*Plan number

*Date of birth

*Title

 Mr Mrs Ms Miss Dr Other

*First names

*Surname

*Residential address

*Postal address (if different from above)

Postcode

*Please provide at least one contact 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 withdrawal is paid. If you're unsure of your PIR, please go to amp.co.nz/pie, or contact your Adviser or Inland Revenue.

(b) Payment instructions – (Please choose one of two options)

1. I authorise AMP to deposit the withdrawal amount of \$ to the below nominated bank account.

OR

2. I request a regular amount of \$ (minimum withdrawal amount is \$250) to the below nominated bank account.

Frequency Monthly Quarterly First payment date

Account name

Account number

Please provide your 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 NZ bank account in your name or be a joint account incorporating your name. Refer to section (g) for a list of people who can certify your proof of bank account.

(e) Member's signature

I apply to the Manager of the Superannuation Master Trust to withdraw the amount referred to above.

I certify the information given in this form is true and correct. I indemnify AMP Wealth Management New Zealand Limited as Manager of the SMT and The New Zealand Guardian Trust Company Limited as the Supervisor, 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

*Date

SIGN HERE

D	D	M	M	Y	Y	Y	Y
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Please ensure you read the Next Steps and Checklist sections at the bottom of the page.

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
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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.

***(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)**

- | | | | |
|---|--|--|--|
| <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

(h) 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

Date

D	D	M	M	Y	Y	Y	Y
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Next steps:

- We may contact you to confirm your withdrawal request.
- If approved, we'll process your withdrawal request within 8 working days. We'll process your withdrawal at the unit prices effective on the day of your withdrawal. Any contributions received after the processing date will not be eligible for any further withdrawal under this application, except in the case where you are requesting a regular withdrawal or a full exit from the plan.
- If your request is approved we'll direct credit your nominated bank account or transfer your funds as specified in section (b). We will notify you to confirm the amount of your withdrawal.
- If your request is not approved we will advise you. Failing to provide all the supporting documentation may result in a delay to your withdrawal request. We will contact you if we require further information.

***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)?
- If applicable, have you completed section (d)?
- Have you signed this form, section (e)?
- If applicable, has your Adviser completed section (h)?
- Have you included your identification documents that have been certified, initialled and dated by your trusted referee or verified by your Adviser or an AMP employee in sections (f) and (g)?

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

Superannuation Master Trust, AMP Customer Services, PO Box 1692, Wellington 6140 For more information call free **0800 808 801**.

Overseas customers call **+64 4 474 4500**.