



Future Lifestyle Plan Financial Hardship Withdrawal Form

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**
Please call us on 0800 081 081 if you have any queries.

Use this form to apply for a withdrawal from the Future Lifestyle Plan if you are experiencing, or likely to experience, financial hardship. Please note that any financial hardship withdrawal of Future Lifestyle Plan savings is subject to the Manager's approval.

How do I apply for a financial hardship payment?

To apply, please:

- Complete this Future Lifestyle Plan 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 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.

How can I stop further contributions being made?

If you also wish to stop any further contributions being made into your plan, please tick this box

Where can I get budgeting advice?

For free, confidential budget advice you can visit the website www.sorted.org.nz or call the New Zealand Federation of Family Budgeting Services.

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.

*These fields must be completed

1. Your personal details

*Plan number

*Date of birth

*First name(s)

*Surname

*Postal address

Postcode

*Please provide at least one contact number

Home phone

Work phone

Mobile phone

Email address

*Have you any dependants? Yes No If the answer is "yes", how many do you have?

2. Withdrawal details

*How much money do you need to alleviate your financial hardship?

Amount

Which portfolio would you like to make your withdrawal from?

Fund to be withdrawn from (portfolio name)	Dollar amount
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

If you are withdrawing all units, do you wish to close your account? Yes No

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.

3. *Payment instructions

Payment will be made to the nominated bank account AMP have on file for you. If you have never set up a nominated bank account with AMP or wish to change the nominated bank account we currently have for you, you will need to fill in the 'Change Request Form'.

I authorise AMP to deposit the withdrawal amount to my nominated bank account number:

Account name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account number

		-												
--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

If this account number is not a nominated bank account we currently hold for you, please fill in the 'Change Request Form'.

The 'Change Request Form' should be completed, attached to this form with all supporting documentation and **posted** to AMP.

Will you be providing a 'Change Request Form' and supporting documentation with this application form? Yes No

4. Privacy statement

By completing this document you will be providing personal information about you and possibly your partner which will be held securely by the Supervisor and/or the manager of the Future Lifestyle Plan to be used in relation to your Future Lifestyle Plan and for assessment of your financial hardship application. You have the right to access and correct this information subject to the provisions of the Privacy Act 1993.

5. Personal financial position – Please complete all sections

Please ensure that all jointly owned assets, liabilities, and where relevant partner or spouse incomes are included in this statement of personal financial position. Ensure you supply documents to support the information provided (e.g. bank statements covering the last two months, payslips, outstanding accounts/bills). The Manager is unable to fully consider your application until there is sufficient supporting documentation. If you are unsure about what information is required please contact AMP.

6. *Assets – Please provide details below

Residential Property (market value)		\$
Other Property (market value)		\$
Vehicles (e.g. car, boat, caravan)	Make and Model	\$
	Make and Model	\$
	Make and Model	\$
Bank accounts	Bank	\$
	Account name	
	Bank	\$
	Account name	
Other accounts (e.g. credit union, building society)	Bank	\$
	Account name	
Household goods		\$
Life insurance or superannuation policies	Company	\$
Money owed	Owed to you by	\$
Other assets	Shares	\$
	Debentures	\$
	Other (e.g. bonus bonds, loans, personal belongings)	\$
Total assets (add all amounts in the right-hand column and insert total)		(A) \$

7. Liabilities/debt – Please provide details below

Mortgages	Bank/Institution		\$
	Bank/Institution		\$
Loans	Bank/Institution		\$
	Bank/Institution		\$
Bank overdraft	Bank/Institution		\$
	Bank/Institution		\$
Credit cards	Type		\$
	Type		\$
Hire Purchases	Item Finish date		\$
	Item Finish date		\$
Store cards	Type		\$
	Type		\$
	Type		\$
Other debts (e.g. with Dept for Courts, Dept of Work and Income)	Name of Debt		\$
	Name of Debt		\$
Total liabilities (add all amounts in the right-hand column and insert total)			(B) \$

8. *Personal income – Enter all income, including details of spouse or partner's income

Please ensure that all partner incomes and expenditures are included in this statement of Personal Income. Do not include any expenses or payments deducted through your pay such as Superannuation contributions, student loan or child support payments.

Weekly income after Tax		
Your salary/wages	\$	
Partner's salary/wages	\$	
Your commission income	\$	
Partner's commission income	\$	
Your rental income	\$	
Partner's rental income	\$	
Your business income	\$	
Partner's business income	\$	
Child support (not deducted through your pay)	\$	
Working for families	\$	
Other (interest, dividends, etc)	\$	
Total Income (add all amounts in the column and insert total)		(C) \$

9. *Expenses

Weekly expenses		
Food/groceries	\$	
Rent/Board	\$	
Bus/train/petrol	\$	
Childcare/school expenses	\$	
Child maintenance payments	\$	
Other (please specify)	\$	
Total weekly payments (add all amounts in the column and insert total)		(D) \$

Monthly payments (to convert monthly payments to weekly payments, multiply by 12 and divide by 52 and put this figure in the weekly column)

	Monthly	Weekly	
Gas/electricity	\$	\$	
Telephone/cellphone	\$	\$	
Clothing	\$	\$	
*Hire purchase payments	\$	\$	
*Credit card payments	\$	\$	
*Home loan payments	\$	\$	
*Other (please specify) e.g. store cards	\$	\$	
Total weekly payments (add all amounts in the weekly column and insert total)			(E) \$

* Transfer data from Liabilities overleaf

Annual payments (to convert annual payments to weekly payments, divide by 52 and put this figure in the weekly column)

	Annual	Weekly	
Vehicle insurance e.g. car, boat, caravan	\$	\$	
Vehicle registration/warrant	\$	\$	
House and contents insurance	\$	\$	
Rates	\$	\$	
Medical insurance/expenses	\$	\$	
Life insurance/superannuation	\$	\$	
Other (please specify)			
Total annual payments (add all amounts in the weekly column for annual payments and insert total)			(F) \$
To calculate the balance: Income (Box C) less expenses (Box D+ Box E+ Box F)		BALANCE = \$	

10. *Details of your financial hardship

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.

11. *Statutory declaration

I of
 solemnly and sincerely declare that all the information provided in or with this application is true and correct and that I:

1. request a withdrawal from my Future Lifestyle Plan on the grounds of financial hardship relief
2. confirm that I have explored reasonable alternative sources of funding and their limits
3. verify that the completed application form and supporting documents attached are true and correct to the best of my knowledge

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 this (date)

Member's signature

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**

*Date

OFFICIAL MARK

12. Advice

Have you received financial advice from an adviser in making the decision to make this withdrawal? (please tick) Yes No

If yes, please ensure your adviser completes section 13.

13. For Adviser use only

AMP Adviser name (if applicable)

AMP Adviser number

FSPN (*please use your QFE's FSPN if you are a QFE Adviser*)

I confirm that I am an

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

Date