



RESET FORM

Please email the completed form and supporting documents to **kiwisaver@amp.co.nz**  
or post to:  
**AMP KiwiSaver Scheme Freepost 170,  
PO Box 55 Shortland Street, Auckland 1140**  
**We're here to help**  
If you have any questions, please contact us on **0800 267 5494**

## AMP KiwiSaver Scheme

### Deceased member withdrawal application

\*These fields must be completed

Use this form to apply for a withdrawal of a deceased member's KiwiSaver savings.

The member's AMP KiwiSaver Scheme account balance is (please tick):

☐ **Over \$40,000**

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 AMP KiwiSaver Scheme account balance is over \$40,000. 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	

If you need to know the value of the deceased member's AMP KiwiSaver Scheme account balance to work out if the total estate is worth \$40,000 or less, please contact the member's Adviser or call Customer Services on 0800 267 5494.

☐ **Under \$40,000**

For a member with an AMP KiwiSaver Scheme account balance under \$40,000 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 9 of the statutory declaration in section (e)):

- (a) the widow, widower, surviving civil union partner or children of the deceased person
- (b) a surviving de facto partner of the deceased person
- (c) the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- (d) any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- (e) 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
- (f) 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
- (g) you may need to supply further evidence of relationship to the deceased

**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.**

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

How long will it take to process the withdrawal application?

5-10 working days from when the application is received in full.

\*Member number

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Prescribed Investor Rate (PIR) ☒ 10.5% ☐ 17.5% ☐ 28%

To help determine the member's PIR, go to [amp.co.nz/pie](http://amp.co.nz/pie) or [ird.govt.nz](http://ird.govt.nz). If a PIR is not selected or you supply an incorrect IRD number, the default rate of 28% will apply.

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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.

[illegible][illegible]

Bank account evidence - please provide either:

☐ Pre-encoded deposit slip; or

☐ Certified true copy of a bank statement (initialed and dated by the person taking your statutory declaration)

(d) Supporting documentation\*

Please supply the following supporting documentation with this application:

Member's AMP KiwiSaver Scheme account balance is over \$40,000 (please tick):

- ☐ Certified copy of Probate or Letters of Administration
- ☐ A certified copy of the full death certificate of the deceased member
- ☐ A certified copy of a NZ driver's licence (front and back) 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))
- ☐ Section (e) (excluding clause 9) of this form

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.

If you are providing previously certified identity documents, please ensure the documents have been **certified not more than three months prior**.

Member's AMP KiwiSaver Scheme account balance is under \$40,000 (please tick):

- ☐ A certified copy of the full death certificate of the deceased member
- ☐ A copy of the will, where there is one
- ☐ A certified copy of a NZ driver's licence (front and back) 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))
- ☐ Evidence of relationship eg. birth certificate or marriage certificate
- ☐ Section (e) (including clause 9) of this form completed



I **Jane Doe**

certify this to be a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification.

Dated the 26th day of August 2019

*Jane Doe*

Solicitor of the High Court

1. I am/We are applying to AMP for a full withdrawal of the deceased member's AMP KiwiSaver Scheme account to be paid into the bank account specified in this

- form and I/we understand that the deceased member's membership of the AMP KiwiSaver Scheme 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. To the best of my/our knowledge and belief, since joining a KiwiSaver scheme the deceased member's principal place of residence has always been New Zealand, or (if otherwise) I/we have detailed below the periods for which the deceased member was not a resident in New Zealand since joining a KiwiSaver scheme

Date 

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 to Date 

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 Date 

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 to Date 

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I/We understand that any Government contributions claimed for any period(s) that New Zealand was not the deceased member's principal place of residence, will be returned to Inland Revenue.

6. AMP Wealth Management New Zealand Limited (“we”, “our” or “us”) may collect personal information from you. You agree that AMP (or other members of the AMP group) may collect, use, share and store your personal information as set out in the **AMP Privacy Policy**. You acknowledge and agree that AMP may use and disclose your personal information to keep you informed about financial products and services, other offerings that it considers are of interest to you and for insight research purposes. You consent to receiving electronic messages from AMP, from members of the AMP group or trusted partners via the contact methods you have shared with AMP including email and SMS. You can opt out of receiving direct marketing information from us at any time by [marketingnz@amp.co.nz](mailto:marketingnz@amp.co.nz). Sometimes we share information to entities located overseas. When we send your personal information to overseas recipients, we make sure appropriate data handling and security arrangements are in place. We may provide you with details of additional outsourcing arrangements, if applicable. Please refer to the **AMP Privacy Policy** for more information.
7. 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.
8. 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 AMP KiwiSaver Scheme and/or withdrawal amount.

9. Please complete for members with an AMP KiwiSaver Scheme account balance under \$40,000 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 the Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

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

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OFFICIAL MARK

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

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Statutory Declaration is valid for up to 3 months from signing only.

## Personal representative (2)

Declared at

**\*Personal representative (2) signature**

this (date)

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OFFICIAL MARK

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

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of city (where signing)

**\*Occupation**

**Signature of person taking declaration**

Statutory Declaration is valid for up to 3 months from signing only.

## (f) \*Checklist

Please check you have completed the form correctly

- ☐ Have you completed all fields with an \*?
- ☐ Have you included original or certified proof of bank account in section (c)?
- ☐ Have you attached copies of the documents detailed in section (d)?
- ☐ Have you completed the Statutory Declaration in section (e) (including clause 9 if the member's AMP KiwiSaver Scheme account balance is under \$40,000)?
- ☐ Have you supplied evidence of relationship eg. birth certificate or marriage certificate if the member's AMP KiwiSaver Scheme account balance is under \$40,000 and other documentation does not show relationship

## Next steps

- If your request is approved we will process the withdrawal and the funds will be credited to the nominated bank account.
- The timeframe for withdrawal processing is on page 1 of this application form. You will receive notification from us confirming the withdrawal.
- We will process the withdrawal at the unit prices effective on the day of the withdrawal. If your request is not approved we will advise you. Failing to provide all the supporting documentation may result in delays.