



Initial retirement withdrawal application

Please complete this form if you are applying for your first KiwiSaver retirement withdrawal.

If you have previously done a retirement withdrawal and the funds are going into the same bank account, please use the subsequent withdrawal form found at amp.co.nz/forms

Important Information

Am I eligible?

You're eligible to withdraw your KiwiSaver funds when you reach the age of eligibility (currently 65).

If you joined KiwiSaver before 1 July 2019 and were aged 60-64 you would have been locked into KiwiSaver for 5 years. Being locked in meant you could not withdraw your funds when you were 65. From 1 April 2020 you can now either:

- Opt out anytime after you're 65 (and withdraw your savings)
- Keep your funds in KiwiSaver for the full 5-year term (and withdraw them after that).

Note: If you choose to opt out of the 5-year lock in period you will miss out on future government contributions and compulsory employer contributions.

Your withdrawal options



Needing a holiday?

You can do a partial withdrawal from your AMP KiwiSaver Scheme account and use some of your savings for unexpected expenses, a holiday or if you just want cash on hand. By making partial withdrawals this allows your account to remain open and in doing so maximises your investment.

We will process this within 5 to 8 business days.



Missing having wages in your account?

You can set up regular withdrawals to supplement your NZ Super payments depending on your needs. You can choose weekly, fortnightly, or monthly payments. By making regular withdrawals this allows your account to remain open and keep your money working hard for you.

We will process this within 5 to 8 business days.



Needing all your funds now?

You can do a full withdrawal which will close your KiwiSaver account. This can take longer than a partial request as we need to involve Inland Revenue in the closure and make sure that you receive all the contributions you're entitled to

We will process this within 10 to 15 business days.



Keep it as it is

KiwiSaver is a great way to keep saving after 65. Leave your money in your KiwiSaver account and continue to grow your savings.

Unsure which withdrawal option is best for you?

For help with your options and what to do with your money during retirement, contact your adviser or give us a call on **0800 267 5494**. A disclosure statement is available from your Adviser free of charge.

We're here to help

T 0800 267 5494

E kiwisaver@amp.co.nz

W amp.co.nz



KiwiSaver initial retirement withdrawal application

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

(a) Your personal information	
First names	Surname
Title	Date of birth
Mr Mrs Ms Miss Dr Other	Sate of Shari
Member number IRD number (if you have an 8 dig	it IKD# leave the Jirst box blank)
Prescribed Investor Rate (PIR) PIE tax is deducted from any withdrawals usin	ng the information held by AMP at the time a withdrawal is made. If your PIR
details have changed, please advise your new	PIR. To help determine your PIR, go to amp.co.nz/PIE or ird.govt.nz . If a PIR is ected, or you supply an incorrect IRD number, the default rate of 28% will apply.
Inland Revenue may also instruct AMP to app	lly a different PIR.
Email address	e us of your flew rife.
Please provide at least one contact phone number	
Home phone Work phone	Mobile phone
Residential address	
	Postcode
Postal address (if different from above)	
	Postcode
(b) Withdrawal details	
A regular* amount of \$ (min	nimum withdrawal amount is \$50)
Starting	To be paid Fortnightly Monthly Quarterly
	split proportionally across the funds you are invested in
Regular Wicharawar payments can only be	spire proportionally del oss the funds you are invested in
A one-off amount of \$ (mir	nimum withdrawal amount is \$250)
Split Proportionally across all the funds I am	n invested in: or
As outlined in the table below:	
Investment fund(s)	Amount (\$)
	Taul ¢
	Total \$
The full value of my AMP KiwiSaver Scheme account (after deduction	n of any fees, expenses, taxes)

(c) Where would you like your withdrawal paid?								
Important: You may be charged fees for receiving a transfer into your or Account name	verseas bank account.							
Account number								
Bank account evidence - please provide either: Pre-encoded	deposit slip; or Certified true copy of a bank statement (initialled and dated by the person taking your statutory declaration)							
(d) Your identity documents								
Proof of identity	Proof of address							
Please complete one of the options listed below and attach copies of the requested document(s). Please tick which document you are providing.	Please provide one of the documents below as proof of your residential address. The document must be addressed to you, and dated within the last six months.							
Option 1 ONE document from this section:	Letter or invoice from utility company (eg electricity, gas, phone, Sky TV)							
NZ passport NZ firearms license	Bank statement							
Overseas passport	Insurance policy or investment portfolio document							
(identity page and proof of your NZ residency/citizenship)	Current rental tenancy agreement Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)							
OR	, , , , , , , , , , , , , , , , , , ,							
Option 2 NZ Driver's License (Front and Back) plus ONE of the following:	IMPORTANT:1. If you have provided certified identity documents and proof of							
Super Gold card	address to AMP after 30 June 2013 (and you are using the same bank account) you don't need to provide them again.							
NZ citizenship certificate/Citizenship certificate issued by foreign government	Please attach only certified copies of the original documents to this form which is initialled and dated by the person taking your declaration.							
NZ full birth certificate/Birth certificate issued by foreign government	3. If you are providing previously certified identity documents, please ensure the documents have been certified not more							
Bank statement or IRD statement issued in your name in the last six months	than three months prior.							
OR								
Option 3 18+ identity or Kiwi Access card plus ONE of the following:	I would like AMP to electronically verify my identity where possible if there are any issues with the certification of my identification documents provided.							
NZ full birth certificate/Birth certificate issued by foreign government								
NZ citizenship certificate/Citizenship certificate issued by foreign government								
Example of a correctly certified document below and Statutory de	claration is on following page.							
NEW ZEALAND DRIVER LICENCE Command AB123456 NEW ZEALAND DRIVER LICENCE								



(e) Statutory declaration

This page must be completed in front of an authorised person who will witness the declaration and certify your documents. Statutory Declaration is valid for three months from completion.

Who can witness me making the declaration and certify my documents?

In New Zealand

- Justice of the Peace visit justiceofthepeace.org.nz or Yellow Pages yellow.co.nz to find one near you
- New Zealand Solicitor
- Notary Public
- Registry of Deputy Registrar of the High Court or of any District Court

In a Commonwealth country

- Judge
- Commissioner of Oaths
- Notary Public
- Justice of the Peace
- Any person authorised by the law of that country to administer an oath there for the purpose of a judicial proceeding
- Commonwealth representative

In a non-Commonwealth country

- Commonwealth representative
- Judge
- Notary Public

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В	L	0	C	K		L	Е	Τ	Τ	Е	R	S									
of (ad	ddre	ss)																			
В	L	0	C	Κ		L	Е	Т	Т	Е	R	S									
В	L	0	C	Κ		L	Е	Т	Т	Е	R	S									
Occı	ıpati	on																			
В	L	0	C	K		L	Е	Т	Т	Е	R	S									

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

- 1. I am applying for a withdrawal from my AMP KiwiSaver Scheme account as detailed above, to be paid to the bank account specified in this form.
- 2. I acknowledge that payment of the withdrawal amount is in partial (in the case of a nominated sum less than the balance of my account) or in full (in the case of the total balance) settlement of my rights and interests under the AMP KiwiSaver Scheme and I indemnify the Supervisor of the Scheme, AMP and any of their related companies against any liability in relation to such payment.
- 3. I understand that fees may apply on my withdrawal.
- 4. I understand that AMP may request additional information from me relating to this withdrawal application.
- 5. I understand that if this withdrawal application is approved and a full payment of the Member's Accumulation (defined under the KiwiSaver Act 2006) is made, then my membership of the AMP KiwiSaver Scheme will end.
- 6. I understand that from 1 April 2020, if I joined prior to 1 July 2019 and my qualifying age is later than age 65 years I will lose eligibility for future Government and compulsory contributions by making a withdrawal.
- 7. I confirm that I am not an undischarged bankruptee or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this withdrawal application and that no other person has any claim against it.
- 8. New Zealand has always been my principal place of residence since I first joined KiwiSaver; or New Zealand has always been my principal place of residence since I first joined KiwiSaver except for the period(s) below:

From	D	D	М	M	Υ	Υ	Υ	Υ	From	D	D	M	M	Υ	Υ	Υ	Υ	From	D	D	Μ	M	Υ	Υ	Υ	Υ
to	D	D	М	М	Υ	Υ	Υ	Υ	to	D	D	M	M	Υ	Υ	Υ	Υ	to	D	D	M	М	Υ	Y	Υ	Y

I understand that any Government contributions claimed for any period(s) that New Zealand was not my principal place of residence will be returned to Inland Revenue.

9. 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. 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.

I authorise AMP and/or the Supervisor to obtain additional information in relation to this withdrawal application from any third party/entity. 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)	Member's signature
	SIGN HERE

Before me, authorised person to take a statutory declaration (as list	ted on page 4):								
Full name, title/office of person taking declaration									
of city (where signing)	Occupation								
• I have sighted the original of each document, initialled and dated the copies of the original documents as listed on section (d), verifying the identity and address of the person named in section (a) of this form. I confirm that the documents attached to this statement are true copies of those documents and that the documents provided represent the identity of the person named in section (a) of this form.									
• I do not live at the same address and I am not related to the person named in section (a) or their spouse or partner, or a person that lives at the same address.									
Signature of person authorised to take declaration	Date								
SIGN HERE	D D M M Y Y Y								
If the person above has not been able to certify your documents ple form available at amp.co.nz	ase refer to and complete the identity verification - individual								
Documentation checklist									
Completed application form.									
Statutory declaration witnessed by any person who is authorised to take statutory declarations.									
Pre-encoded bank deposit slip or a certified true copy of a bank statement in your name. If using bank statement for secondary identification or address proof document dated within the last six months.									
Certified copies of your identification and address documents. As per the example in section (d) Your identity documents									

Next steps

- If your request is approved we will process your withdrawal and the funds will be credited to your 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 amount.
- We will process your withdrawal at the unit prices effective on the day of your withdrawal.
- If your request is not approved we will advise you. Failing to provide all the supporting documentation may result in delay to your withdrawal request. We will contact you if we require further information.