

AMP KiwiSaver Scheme

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



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**

RESET FORM

<p>First names <input style="width: 95%;" type="text"/></p>	<p>Surname <input style="width: 95%;" type="text"/></p>
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p>	<p>Date of birth <input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/></p>
<p>Member number <input style="width: 25px; background-color: #0070C0; color: white;" type="text"/> <input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/></p>	<p>IRD number <i>(if you have an 8 digit IRD# leave the first box blank)</i> <input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/><input style="width: 25px;" type="text"/></p>

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

Email address

Please provide at least one contact phone number

Home phone	Work phone	Mobile phone

Residential address	
	Postcode

Postal address (if different from above)	
	Postcode

☐ A **regular*** amount of

\$

 (minimum withdrawal amount is \$50)

Starting

 To be paid

☐ Fortnightly
 ☐ Monthly
 ☐ Quarterly

*Regular withdrawal payments can only be split proportionally across the funds you are invested in

☐ A **one-off** amount of

\$

 (minimum withdrawal amount is \$250)

Split

☐ Proportionally across all the funds I am invested in; or
☐ As outlined in the table below:

Investment fund(s)	Amount (\$)
Total	\$

☐ The **full** value of my AMP KiwiSaver Scheme account (after deduction of any fees, expenses, taxes)

(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

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

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 bankrupt 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	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

to

D	D	M	M	Y	Y	Y	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 listed 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

SIGN HERE

Date

D

D

M

M

Y

Y

Y

Y

If the person above has not been able to certify your documents please refer to and complete the identity verification - individual form available at amp.co.nz

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.