



AMP KiwiSaver Scheme

Serious illness application

Please email the completed form and supporting documents to kiwisaver@amp.co.nz or 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

Use this form to apply for an early withdrawal of your KiwiSaver savings in the case of serious illness.

Serious illness means an injury, illness or disability –

(a) that means you are totally and permanently unable to work in a job suited to your experience, education, or training (or a combination of those things); or

(b) that poses a serious and imminent risk of death.

We can't process your request if you haven't provided verification of your identity, so please make sure you complete sections (g) and (h).
If you withdraw all your savings, we will close your AMP KiwiSaver Scheme account.

This form can be completed on-screen by typing content directly into the PDF document before printing and signing your declaration in front of an authorised person. Please use block letters if you're not completing this form online.

Once your Doctor has completed page 3 and 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) Your personal details

*Member number

K

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Miss

☐ Mx

☐ Dr

☐ Other

Date of birth

Postcode

Postcode

Home phone

Work phone

Mobile phone

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

Portfolio Investment Entity (PIE) tax is deducted from any withdrawals using 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 not selected and has not been previously selected, or you supply an incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instruct AMP to apply a different PIR.

(b) Withdrawal details

*I request (please tick)

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

OR

☐ a partial withdrawal of \$

If you've requested a partial withdrawal above, and you're invested in more than one investment fund, please tell us below which funds to withdraw from. If you don't tell us the funds and amounts, we will split the withdrawal equally across your funds.

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

*Account name (account held in my name or jointly held in my name)	

[illegible][illegible][illegible][illegible][illegible][illegible]

1. I am suffering a serious illness as defined on page 1 of this form, and I am applying to Public Trust as Supervisor of the AMP KiwiSaver Scheme ("Supervisor") for a withdrawal from my AMP KiwiSaver Scheme account.

- From

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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. 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 understand that if this application is approved and a full withdrawal of my AMP KiwiSaver Scheme account is made, then my membership of the AMP KiwiSaver Scheme will end.
8. 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 application and that no other person has any claim against it.
9. I 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 my membership of the AMP KiwiSaver Scheme and/or any withdrawal payment made.

*Declared at PLACE

SIGN HERE

*Full name, title/office of person taking declaration	
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*Full name, title/office of person taking declaration	
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*of city (where signing)

*Occupation	
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SIGN HERE

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OFFICIAL MARK

(e) Doctor's confirmation – please ask your Doctor to complete

*I, Dr (name)

*of (address)

*Please provide at least one contact number

Mobile phone

Work phone

*Email

certify that:

(i) I am a registered practitioner with the Medical Council of New Zealand

(ii) the person named in section (a) is a patient of mine; and

(iii) in my opinion, the above-named has (please tick):

☐ injury ☐ illness ☐ disability, which

☐ results in them being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things

OR

☐ poses a serious and imminent risk of death

OR

☐ in my opinion the member does not meet either of the criteria above.

As the Doctor of the member outlined in section (a), please give a brief description of the patient's condition and describe in the space provided below:

(i) how the injury, illness or disability results in the member being totally and permanently unable to engage in work for which he or she is suited by reason of experience, education, or training, or any combination of those things; or

(ii) what the injury, illness or disability is that poses a serious and imminent death.

***Doctor's signature**

SIGN HERE

***Date**

(f) Supporting documentation

*Please supply the following supporting documentation with this application:

☐ Specialist(s) or hospital reports describing the injury, illness and/or disability and providing specific details of your condition.

(g) Your identity documents

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

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 |

OR

Option 2 ☐ NZ driver licence **plus** ONE of the following:

- | |
|--|
| <input type="checkbox"/> Super Gold card |
| <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government |
| <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government |
| <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months |

OR

Option 3 ☐ 18+ identity or Kiwi Access card **plus** ONE of the following:

- | |
|--|
| <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 |

Proof of address

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**.

- ☐ Letter or invoice from utility company (eg electricity, gas, phone, Sky TV)
- ☐ Bank statement
- ☐ Insurance policy or investment portfolio document
- ☐ Current rental tenancy agreement
- ☐ Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

1. If you have provided certified identity documents and proof of address to AMP after 30 June 2013 (and you are using the same bank account) you don't need to provide them again.
2. Please attach only certified copies of the original documents to this form which is initialled and dated by the person taking your declaration.
3. If you are providing previously certified identity documents, please ensure the documents have been certified **not more than three months prior**.

- ☐ I would like AMP to electronically verify my identity where possible if there are any issues with the certification of my identification documents provided.

(h) Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (g) 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"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
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, AMP employee or adviser

Dated

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

I, confirm that

1. I have sighted today the original of each document identified with a tick in section (g) 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(i) Checklist and next steps

*Checklist:

Please check you have completed the form correctly

- | | |
|--|--|
| <input type="checkbox"/> Have you completed all fields with an *? | <input type="checkbox"/> Have you attached documentation to support your application (eg specialist reports)? |
| <input type="checkbox"/> Have you completed the statutory declaration in Section (d)? | <input type="checkbox"/> Have you attached any necessary verification of identity and proof of address documents? |
| <input type="checkbox"/> Have you attached proof of your bank account in the form of an original pre-encoded bank deposit slip or a certified true copy of a bank statement? | <input type="checkbox"/> If you are under 18 years of age, has your parent/s or guardian completed a separate 'Acting on behalf of' identity verification form and attached documents required by that form? |
| <input type="checkbox"/> Has your doctor completed Section (e)? | |

Next steps:

- If the request is approved, we will process your withdrawal request within 8 working days. We will 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.
- If your request is not approved, we will advise you.