

AMP KiwiSaver Scheme

Serious illness application

RESET FORM

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.

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	ee of charge.	
*These fields must be completed		
(a) Your personal details		
*Member number K Title Mr Mrs Ms Miss Mx Dr Other *First names *IRD number *Residential address	*Surname *Email	
	Postcode	
*Please provide at least one contact number Home phone Work phone Prescribed Investor Rate (PIR) 10.5% 17.5% 28% Portfolio Investment Entity (PIE) tax is deducted from any withdrawals using the inform please advise your new PIR. To help determine your PIR, go to amp.co.nz/PIE or ird.gov incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instr	ovt.nz. If a PIR is not selected and has not been previously selected, or you supply a	
(b) Withdrawal details		
*I request (please tick) The full value of my AMP KiwiSaver Scheme account (after deduction of OR a partial withdrawal of \$ If you've requested a partial withdrawal above, and you're invested in more from. If you don't tell us the funds and amounts, we will split the withdrawal above.	e than one investment fund, please tell us below which funds to withdra	aw
Investment fund(s) Amount (\$)	Investment fund(s) Amount (\$)	

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Please also complete section (h) if applicable.

(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 *Date
SIGN HERE L.
(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

Dated

Proof of identity Proof of address Please provide one of the documents below as proof of your residential Please complete one of the options listed below and attach copies of the requested document(s). address. The document must be addressed to you, and dated within the Please tick which document you are providing. last six months Letter or invoice from utility company (eg electricity, gas, phone, Option 1 ONE document from this section: Sky TV) Bank statement NZ passport NZ firearms licence (identity page) Insurance policy or investment portfolio document Overseas passport NZ certificate of identity Current rental tenancy agreement (identity page) Letter from government agency (eg Inland Revenue, rates bill, OR vehicle registration) Option 2 NZ driver licence plus ONE of the following: **IMPORTANT:** Super Gold card 1. If you have provided certified identity documents and proof of address to AMP after 30 June 2013 (and you are using the same NZ citizenship certificate/Citizenship certificate issued by bank account) you don't need to provide them again. foreign government 2. Please attach only certified copies of the original documents to NZ full birth certificate/Birth certificate issued by this form which is initialled and dated by the person taking your foreign government Bank statement or IRD statement issued in your name in 3. If you are providing previously certified identity documents, the last six months please ensure the documents have been certified **not more** 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 NZ full birth certificate/Birth certificate issued by possible if there are any issues with the certification of my foreign government identification documents provided. NZ citizenship certificate/Citizenship certificate issued by foreign government (h) Certify your documents **Certifying within New Zealand Certifying outside of New Zealand** When certifying documents outside of New Zealand, your trusted referee **DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER** must be a person who is authorised to take statutory declarations under (CERTIFYING IN NEW ZEALAND) the laws of the country, state or territory where the documents are being certified. confirm that For more guidance please contact your Adviser or AMP. 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 **DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)** true copies of those documents initialled and dated by me. The documents that have been provided represent the identity of the person named in section (a) of this form. 1. I have sighted today the original of each document identified with a 3. I am a (tick one of the following) 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 New Zealand Lawyer Justice of the Peace true copies of those documents initialled and dated by me. Police Constable **Chartered Accountant** The documents that have been provided represent the identity of the person named in section (a) of this form. Registered Medical Doctor Registered Teacher 3. Iama Fellow of the New Zealand Institute of Legal Executives 4. In this capacity, I am authorised to take statutory declarations under the Registrar or Deputy Registrar of the High Court or a **District Court** AMP employee or Adviser (and AMP has authorised me to be its 5. I am not related to and do not live at the same address as the agent to conduct AML customer due diligence on its behalf) person named in section (a) of this form. 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 Signature of trusted referee

Dated

confirm that

(i) Checklist and next steps *Checklist: Please check you have completed the form correctly Have you attached documentation to support your application (eg specialist reports)? Have you completed all fields with an *? Have you attached any necessary verification of identity and proof Have you completed the statutory declaration in Section (d)? of address documents? Have you attached proof of your bank account in the form of an If you are under 18 years of age, has your parent/s or guardian original pre-encoded bank deposit slip or a certified true copy of completed a separate `Acting on behalf of' identity verification form a bank statement? and attached documents required by that form? 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.