



Solicitor's Certificate

This is the required format of your Solicitors Certificate regarding your First Home or Second Chance Home withdrawal. It must be supplied word for word to meet the withdrawal requirements of the KiwiSaver Act.

DATE OF LETTER

AMP KiwiSaver Scheme
Freepost 170
PO Box 55
Shortland Street
Auckland

To: **AMP Wealth Management New Zealand Limited** as Manager of the AMP KiwiSaver Scheme (the **Scheme**)

Re: **MEMBER'S NAME** (the **Member**)

Reference: **MEMBER'S KIWISAVER NUMBER**

I/We refer to the Member's application for a home purchase withdrawal from the Scheme (the **Application**), which relates to the purchase of **INSERT DETAILS OF PROPERTY** (the **Property**).

The settlement date for the purchase of the Property is **INSERT DATE**.

Documents

I/We **enclose** copies of the following:

1. the Agreement for Sale and Purchase of the Property with **INSERT NAME** (the **Vendor**) dated **INSERT DATE** (the **Agreement**); and
2. our pre-printed bank deposit slip.

I/We confirm that I/we act for the Member, who is to purchase the Property under the Agreement.

Undertakings

I/We undertake to you that:

1. as at the date of this letter any conditions to the Agreement are fulfilled or waived and the Vendor and the Purchaser(s) are unconditionally obliged to settle; and
2. any funds received by us/me pursuant to the Application (the **Funds**) will be paid to the Vendor as part of the purchase price; or
3. if settlement under the Agreement is not completed by the due date in the Agreement or any agreed extended date, the Funds will be repaid to you as soon as practicable on account of the Member with no deductions or disbursements.

I confirm that I hold a current Practising Certificate issued pursuant to the Lawyers and Conveyancers Act 2006.

DATE

NAME OF FIRM/COMPANY

NAME OF PRINCIPAL/PARTNER CERTIFYING

SIGNATURE

This certificate must be signed by the practice principal or a partner.