



AMP KiwiSaver Scheme

Subsequent Retirement Withdrawal Application

Please send completed form with attachments to:

AMP KiwiSaver Scheme
Freepost 170, PO Box 55
Shortland Street, Auckland 1140

Please call us on 0800 267 5495 if you have any queries.

If you have already made a retirement withdrawal from your AMP KiwiSaver Scheme account, use this form to make a further withdrawal of some or all of your KiwiSaver savings or set up a regular withdrawal facility.

- Once we have received your Withdrawal Application and it is approved, we will make a payment directly to your bank account (note that we do not send payments via cheque).
- If there are any issues with your withdrawal application we will contact you.

Once you've completed the form, sign and send the form and any supporting documents to the address above.

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online.

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

Title

 Mr Mrs Ms Miss Dr Other

*Date of birth

*First names

*Surname

*IRD number

*Email

*Postal address

 Postcode

*Residential address

 Postcode

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

PIE tax rate 10.5% 17.5% 28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. If you're unsure of your PIE tax rate, please go to www.amp.co.nz/PIE for help or contact your Adviser or Inland Revenue.

(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 \$ (minimum withdrawal amount is \$250) or

a regular amount of \$ (minimum withdrawal amount is \$50).

Frequency: Fortnightly Monthly Quarterly

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'll split the withdrawal equally across your funds.

Investment fund(s)	Amount (\$)

Investment fund(s)	Amount (\$)

*Have you received financial advice from an Adviser to make this withdrawal decision? Yes No

If yes, please ensure your Adviser completes the Adviser section (f) at the end of this form.

(c) Payment instructions

I authorise AMP to deposit the withdrawal amount stated in section (b) to my nominated bank account, as listed below.

*Account name

*Account number

If the nominated bank account stated above is different from the nominated bank account provided on your 'Retirement Withdrawal Application' form (previously completed) please fill in the 'Change of Details' form.

Once completed, please post both forms and all supporting documentation to us.

Will you be providing a 'Change of Details' form and supporting documentation with this application form?

 Yes No

If no, you may email this request to us at kiwisaver@amp.co.nz

(d) Your signature and declaration

I declare that all the information provided in or with this Subsequent Retirement 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 the payment of the withdrawal amount is in partial (in the case of a partial or regular withdrawal) or in full (in the case of a full withdrawal) settlement of my rights and interests under the AMP KiwiSaver Scheme and I indemnify the Supervisor and Manager of the AMP KiwiSaver Scheme 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 subsequent retirement withdrawal application.
5. 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 subsequent retirement withdrawal application and that no other person has any claim against it.
6. I acknowledge that the Privacy Act 1993 provides me with the right to request access to and/or correction of any of my personal information held by AMP (AMP in this context includes all the members of the AMP Group of Companies and their subsidiaries, associated companies and agents) or the Supervisor of the AMP KiwiSaver Scheme. I understand that the information supplied by me with this Withdrawal Application will be used to process this Withdrawal Application and to administer my membership of the AMP KiwiSaver Scheme (and may be disclosed for these purposes to third parties where relevant, including the Inland Revenue, my Adviser, my employer's Adviser, or another intermediary or distributor). I authorise AMP and/or the Supervisor to obtain additional information in relation to this Withdrawal Application from any third party/entity.

*Member's signature

*this date

(e) Checklist

*Checklist

Please check you have completed the form correctly

Have you completed all fields with an * ?

Have you signed the form in section (d)?

Next steps:

- We will process your withdrawal request within 8 working days. Your withdrawal will be processed 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 facility.
- We'll send you a letter confirming the amount of your withdrawal.

(f) For Adviser use only

AMP Adviser name (if applicable)

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AMP Adviser number

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FSPN (please use your QFE's FSPN if you are a QFE Adviser)

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I confirm that I am a:

- AFA (entitled to sell Category 1 Product)
- AMP QFE Category 1 Adviser
- Other _____

And I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements of the Financial Advisers Act 2008 and all other applicable laws.

Signature of Adviser

SIGN HERE

Date

D	D	M	M	Y	Y	Y	Y
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