



Please send this completed form and supporting documents to:
AMP KiwiSaver Scheme
Freepost 170, PO Box 55
Shortland Street, Auckland 1140
Please call us on 0800 267 5494 if you have any queries.

AMP KiwiSaver Scheme

Deceased member withdrawal application

*These fields must be completed

Use this form to apply for a withdrawal of a deceased member's KiwiSaver savings.

The member's AMP KiwiSaver Scheme account balance is (please tick):

Over \$15,000

Did the member leave a will?

	Document required	Who is the personal representative?	
Yes	Probate	Executor	Either Probate or Letters of Administration must be supplied with this application if the member's AMP KiwiSaver Scheme account balance is over \$15,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
No	Letters of Administration	Administrator	

If you need to know the value of the deceased member's AMP KiwiSaver Scheme account balance to work out if the total estate is worth \$15,000 or less, please contact the member's Adviser or call Customer Services on 0800 267 5494.

Under \$15,000

For a member with an AMP KiwiSaver Scheme account balance under \$15,000 where no Probate or Letters of Administration are applied for, the following people can act as the personal representative and may apply for a withdrawal by completing this form (make sure you complete clause 9 of the statutory declaration in section (e)):

- (a) the widow, widower, surviving civil union partner or children of the deceased person
- (b) a surviving de facto partner of the deceased person
- (c) the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- (d) any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- (e) any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors or any of them
- (f) any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors

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.

Once you have completed and signed this form please send it and any supporting documents to the address above.

A disclosure statement is available from the member's Adviser on request and free of charge.

(a) Deceased member details

*Member number

*Estate of (full name of member)

*Date of birth

PIE tax rate 10.5% 17.5% 28%

PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If the member's PIE tax details have changed, please advise the new Prescribed Investor Rate (PIE Tax Rate). If you're unsure of the member's PIE tax rate please go to www.amp.co.nz/PIE for help or contact the member's adviser or Inland Revenue.

(e) Statutory declaration

*Full name of personal representative (1)

*Full name of personal representative (2)

do solemnly and sincerely declare that:

1. I am/We are applying to AMP for a full withdrawal of the deceased member's AMP KiwiSaver Scheme account to be paid into the bank account specified in this form and I/we understand that the deceased member's membership of the AMP KiwiSaver Scheme will end;
2. I/We confirm that the information in this application (and any attachments to this application) is true and correct;
3. I/We understand that acceptance of the application is at the discretion of AMP and that fees may apply;
4. I/We understand that AMP may request additional information from me/us relating to this application;
5. To the best of my/our knowledge and belief, since joining a KiwiSaver scheme the deceased member's principal place of residence has always been New Zealand, or (if otherwise) I/we have detailed below the periods for which the deceased member was not a resident in New Zealand since joining a KiwiSaver scheme

Date to Date to Date

I/We understand that any member tax credits claimed for any period(s) that New Zealand was not the deceased member's principal place of residence, will be returned to Inland Revenue.

6. I/We acknowledge that the Privacy Act 1993 provides me/us with the right to request access to and/or correction of any of my/our or the deceased member's 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/We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of the AMP KiwiSaver Scheme (and may be disclosed for these purposes to third parties where relevant, including the deceased member's Adviser, his/her employer's Adviser or another intermediary or distributor). I/We authorise AMP and/or the Supervisor to obtain additional information in relation to this application from any third party/entity.
7. I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this application and that no other person has any claim against it.
8. I/We 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 the deceased member's membership of the AMP KiwiSaver Scheme and/or withdrawal amount.

9. Please complete for members with an AMP KiwiSaver Scheme account balance under \$15,000 only

the deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for Letters of Administration.

or

the above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product on the deceased's life in terms of Section 65 of the Administration Act 1969 and I/we will if called upon indemnify AMP Wealth Management New Zealand Limited, and/or any related company and/or the Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

*Relationship to the deceased:

I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Personal representative (1)

Declared at

*Personal representative(1) signature

this (date)

OFFICIAL MARK

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*Full name, title/office of person authorised to take a declaration

Date

of city (where signing)

*Occupation

Signature of person taking declaration

Personal representative (2)

Declared at

PLACE

***Personal representative(1) signature**

SIGN HERE

this (date)

D D M M Y Y Y Y

OFFICIAL MARK

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*Full name, title/office of person authorised to take a declaration

Date

D D M M Y Y Y Y

of city (where signing)

PLACE

*Occupation

Signature of person taking declaration

SIGN HERE

(f) *Checklist

Please check you have completed the form correctly

- Have you completed all fields with an *?
- Have you included original or certified proof of bank account in section (c)?
- Have you attached copies of the documents detailed in section (d)?

- Have you completed the Statutory Declaration in section (e) (including clause 9 if the member's AMP KiwiSaver Scheme account balance is under \$15,000)?

(g) For Adviser use only

AMP Adviser name (if applicable)

B L O C K L E T T E R S

AMP Adviser number

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

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 use only 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