

AMP KiwiSaver Scheme

Initial retirement withdrawal application

Congratulations! All your years of hard work have paid off, and you can now enjoy access to the savings in your AMP KiwiSaver Scheme account.

First time? There are a few extra requirements needed the first time you make a KiwiSaver retirement withdrawal. If you've already made a KiwiSaver retirement withdrawal, please use the **subsequent retirement withdrawal form**.

Am I eligible for a retirement withdrawal?

You can withdraw your KiwiSaver savings when you have reached your qualifying date. Your qualifying date is the later of:

- when you qualify for New Zealand Superannuation (currently age 65); or
- if you joined after age 60, after five years' membership of a KiwiSaver scheme or a complying superannuation fund.

What is the process for a KiwiSaver retirement withdrawal?

- Complete the initial retirement withdrawal form.
- Collect and send us all of the documents in the checklist below.
- Please ensure you post the original withdrawal form along with the certified copies of your supporting documents.

Will I get the exact amount I see in my savings?

The value of your KiwiSaver savings (unit prices) is effective on the day we process your withdrawal.

How do I get advice?

For help planning what to do with your money during retirement, contact your Adviser or give us a call on **0800 267 5494** to take advantage of our expert advice.

A disclosure statement is available from your Adviser free of charge.

Identification requirements



We are required by law to verify your identity and current residential address before processing a withdrawal. This is a requirement of the Anti-Money Laundering and Counter Financing of Terrorism Act 2009.

You can confirm your identity and address by sending us certified/verified photocopies of the original documents as outlined in section (d) of the withdrawal form.

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.

Your withdrawal options



Keep it as it is

KiwiSaver is a great way to keep saving after 65. Leave your money in your KiwiSaver account and continue to let it work for you.



Take it often

Set up a regular withdrawal to help with your retirement income. The balance will continue to be invested.



Take some

Got something big coming up? You can withdraw some of your money in one go to help with those big plans.



Take it all

Withdraw all of your savings at any time.

We're here to help

T 0800 267 5494

E kiwisaver@amp.co.nz

W amp.co.nz



Please send completed form with attachments to:

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

KiwiSaver retirement withdrawal application

(a) Your personal information

Title Mr Mrs Ms Miss Dr Other

Date of birth

First names

Surname

Member number

IRD number (if you have an 8 digit IRD# leave the first box blank)

Prescribed Investor Rate (PIR) 10.5% 17.5% 28% We may collect Portfolio Investment Entity (PIE) tax when your funds are withdrawn using the information we have at the time you withdraw. If your PIR has changed, please tell us your correct rate. Please visit amp.co.nz/PIE or ird.govt.nz to help determine your PIR.

Email

Please provide at least one contact phone number

Home phone ()

Work phone ()

Mobile phone ()

Residential address

Postcode

(b) Withdrawal details

A **regular*** amount of \$ (minimum withdrawal amount is \$50)

Starting

To be paid Fortnightly Monthly Quarterly

*Regular withdrawal payments are split proportionally across the funds you are invested in

A **one-off** amount of \$ (minimum withdrawal amount is \$250)

Split Proportionally across all the funds I am invested in; or As outlined in the table below:

Investment fund(s)	Amount (\$)
Total	\$ <input type="text"/>

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

(e) Statutory declaration

This page must be completed in front of an authorised person who will witness the declaration and certify your documents.

Who can witness me making the declaration and certify my documents?

In New Zealand

- Justice of the Peace
visit justiceofthepeace.org.nz or Yellow Pages
yellow.co.nz to find one near you
- New Zealand solicitor
- Notary public
- Registry of Deputy Registrar of the High Court
or of any District Court

In a Commonwealth country

- Judge
- Commissioner of Oaths
- Notary public
- Justice of the Peace
- Any person authorised by the law of that
country to administer an oath there for
the purpose of a judicial proceeding
- Commonwealth representative

In a non-Commonwealth country

- Commonwealth representative
- Judge
- Notary public

I (full name of member)

B	L	O	C	K		L	E	T	T	E	R	S																												
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of (address)

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

B	L	O	C	K		L	E	T	T	E	R	S																											
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I have reached/or will have reached the qualifying date on

D	D	M	M	Y	Y	Y	Y
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 as defined on page 1.

I solemnly and sincerely declare that all the information provided in or with this 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 payment of the withdrawal amount is in partial (in the case of a nominated sum less than the balance of my account) or in full (in the case of the total balance) settlement of my rights and interests under the AMP KiwiSaver Scheme and I indemnify the Supervisor of the Scheme, AMP 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 withdrawal application.
5. I understand that if this withdrawal application is approved and a full payment of the Member's Accumulation (defined under the KiwiSaver Act 2006) is made, then my membership of the AMP KiwiSaver Scheme will end.
6. I confirm that I am not an undischarged bankruptee or incapable of managing my financial affairs and that I am properly entitled to any payment made pursuant to this withdrawal application and that no other person has any claim against it.
7. New Zealand has not been my principal place of residence for the following periods:

From

D	D	M	M	Y	Y	Y	Y
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 From

D	D	M	M	Y	Y	Y	Y
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 From

D	D	M	M	Y	Y	Y	Y
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to

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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 to

D	D	M	M	Y	Y	Y	Y
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I confirm that for all other periods my principal place of residence was New Zealand.

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

8. 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.

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

Declared at (place)

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this (date)

D	D	M	M	Y	Y	Y	Y
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Member's signature

SIGN HERE

Note: This can be signed no more than 10 working days before you reach your qualifying date or any time after.

Before me, authorised person to take a statutory declaration (as listed on page 4):

Full name, title/office of person taking declaration

of city (*where signing*)

Occupation

I have sighted, **initialled and dated** today the original of each document listed below, verifying the identity and address of the person named in section (a) of this form. I confirm that the documents attached to this statement are true copies of those documents and that the documents provided represent the identity of the person named in section (a) of this form.

Documents to be certified: Identification (section d) Proof of address (section d) Bank statement (section b)

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 person authorised to take declaration

Date

If the person above has not been able to certify your documents please refer to and complete the identity verification - individual form available at amp.co.nz.

Documentation checklist

- Completed application form.
- Original statutory declaration witnessed by any person who is authorised to take statutory declarations.
- Original pre-encoded bank deposit slip or a certified true copy of a bank statement in your name.
- Certified copies of your identification and address documents.