



AMP KiwiSaver Scheme

Serious illness application

Please email the completed form and supporting documents to **kiwisaver@amp.co.nz**
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 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

*Residential address

 Postcode

*Postal address

 Postcode

*Please provide at least one contact number

Home phone

Work phone

Mobile phone

Prescribed Investor Rate (PIR) 10.5% 17.5% 28%

Portfolio Investment Entity (PIE) tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If your PIR details have changed, please advise your new PIR. To help determine your PIR, go to amp.co.nz/PIE or ird.govt.nz. If a PIR is not selected and has not been previously selected, or you supply an incorrect IRD number, the default rate of 28% will apply. Inland Revenue may also instruct AMP to apply a different PIR.

(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 \$

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 will split the withdrawal equally across your funds.

Investment fund(s)	Amount (\$)

Investment fund(s)	Amount (\$)

*Have you received financial advice from an Adviser in making this decision to apply for a withdrawal? Yes No

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

(g) Your identity documents

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

Option 1 ONE document from this section:

- | | |
|--|---|
| <input type="checkbox"/> NZ passport (identity page) | <input type="checkbox"/> NZ firearms licence |
| <input type="checkbox"/> Overseas passport (identity page) | <input type="checkbox"/> NZ certificate of identity |

OR

Option 2 NZ driver licence **plus** ONE of the following:

- | |
|--|
| <input type="checkbox"/> Super Gold card |
| <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government |
| <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government |
| <input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months |

OR

Option 3 18+ identity or Kiwi Access card **plus** ONE of the following:

- | |
|--|
| <input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government |
| <input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government |

Proof of address

Please provide one of the documents below as proof of your **residential address**. The document must be **addressed to you**, and dated within the **last six months**.

- Letter or invoice from utility company (eg electricity, gas, phone, Sky TV)
- Bank statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

1. If you are providing previously certified identity documents, please ensure the documents have been certified not more than three months prior.
2. Please attach only certified copies of the original documents to this form.

(h) Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

I, confirm that

1. 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 true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a (**tick one of the following**)

<input type="checkbox"/> New Zealand Lawyer	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP employee or Adviser (and AMP has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
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

SIGN HERE

Dated

Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

I, confirm that

1. 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 true copies of those documents **initialled and dated** by me.
2. The documents that have been provided represent the identity of the person named in section (a) of this form.
3. I am a
4. In this capacity, I am authorised to take statutory declarations under the Laws of
5. 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

SIGN HERE

Dated

(i) Checklist and next steps

***Checklist:**

Please check you have completed the form correctly

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

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 the request is approved, we will direct credit your account and send you a letter confirming the amount of your withdrawal.
- If your request is not approved, we will advise you.

(j) For Adviser use only

AMP Adviser name (if applicable)

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