



# AMP KiwiSaver Scheme

## Serious illness application

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**

**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. 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 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

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](http://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 \$

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) Provide your identification to verify your identity and address

Please complete option 1 in the table below and attach copies of the requested document (please tick which document you are providing). If you cannot provide a document from Option 1, then complete Option 2 or 3.

**If you are under 18 years of age, your parent/s or guardian should complete a separate 'Acting on behalf of' identity verification form. This form can be found on [amp.co.nz](http://amp.co.nz) within the documents and downloads section, or you can request a copy of this form by emailing [kiwisaver@amp.co.nz](mailto:kiwisaver@amp.co.nz) or calling 0800 267 5494.**

#### 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

#### Option 2: NZ Driver's Licence PLUS (ONE of the documents from this section)

<input type="checkbox"/> Super Gold card	<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	<input type="checkbox"/> Bank statement or Inland Revenue statement issued in your name in the last 6 months

#### Option 3: 18+ identity card PLUS (ONE of the documents from this section)

<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
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**IMPORTANT:** If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this application.

### Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section.

The document you supply needs to be addressed to you at the **residential address** detailed in section (a) and dated within the last 6 months.

Letter or invoice from utility company  Bank statement  Letter from government agency (e.g. Inland Revenue, rates bill)

### (h) Certify or verify your identity and address documents

Your identity and address documents can be:

- Certified by a trusted referee (use the first box below), **or** verified by an Adviser/AMP employee acting as agent of AMP (use the second box below)

#### DECLARATION BY TRUSTED REFEREE

I,  confirm that

1. I have sighted today the original of each document identified with a tick in section (a) 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)**

New Zealand lawyer  Justice of the Peace  Notary public  Registered medical doctor  
 Chartered accountant  Police constable  Registered teacher  Kaumātua  
 Member of Parliament  Minister of religion  Commonwealth representative  NZ Honorary Consul

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

Dated

OR

#### DECLARATION BY ADVISER/AMP EMPLOYEE (AS AGENT OF AMP)

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. I have no reason to believe that this person is not who he/she claims to be.
3. AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

Signature of Adviser

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 (e.g. 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)

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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 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
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Date

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