

# New Zealand Retirement Trust Withdrawing Funds

In this pack you'll find information on how to withdraw funds from your New Zealand Retirement Trust (NZRT) account. If you wish to withdraw your funds from a State Sector Retirement Savings Scheme (SSRSS), please use the relevant form located at amp.co.nz/ssrss-withdrawal

#### How do I apply for a withdrawal?

- Complete the NZRT withdrawal form
- Collect and send us all of the documents in the checklist below

# I have transferred UK pension funds into NZRT

If you've transferred any UK sourced pension funds into a Qualifying Recognised Overseas Pension Scheme (QROPS) account within NZRT, please talk to your Adviser and request a QROPS Withdrawal form as additional rules and restrictions may apply.

#### How much can I withdraw?

- Partial withdrawal minimum is \$500
- Regular withdrawal minimum is \$250

Please check your member booklet as the minimum amounts and any withdrawal restrictions may vary for your employer plan.

#### What if I'm leaving my employer?

When you leave your employer, you don't need to withdraw from NZRT; in most cases we can transfer your membership to Your Plan.

Your Plan is your own personal plan within NZRT that allows you to continue to save for your retirement.

If you do wish to withdraw from NZRT, your savings will be paid once your employer has completed a leaving employment form and the final contributions have been received.

### Important information



#### **Conditions and fees**

If your NZRT membership is through an employer plan, please check your member booklet for any conditions that apply.

You may not be able to withdraw all your funds. Please contact your adviser for further details.

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



#### Minimum balance required

In the event that a withdrawal results in your account balance falling below \$1,000, we may treat this as a full withdrawal and your membership in the NZRT will end.



#### PIE tax

We may collect Portfolio Investment Entity (PIE) tax when your funds are withdrawn. Please ensure your correct Prescribed Investor Rate (PIR) is indicated on the withdrawal form. To help determine your PIR, go to amp.co.nz/PIE or ird.govt.nz.



#### **Bank account**

We will only make payments in New Zealand dollars to a New Zealand or international bank account held in your name (either individually or jointly).

#### 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.

#### Instructions

Please read the withdrawal form and information sheet carefully.

- 1. Fill out the withdrawal form (the form can be filled on screen by typing directly into the pdf),
- 2. Ensure all items in the checklist have been satisfied,
- 3. **Print, sign** and **email** your completed form, plus all the supporting documents to **workplaceadmin@amp.co.nz** or post to **AMP customer services** your completed original form, plus all the supporting documents to:

AMP Customer Services NZRT Freepost 170, PO Box 55 Shortland Street, Auckland 1140

#### Checklist

Please check you have completed the form correctly. If we need to ask you for further information, this will delay the processing of your withdrawal.

Have you read through the information sheet?

Have you completed the withdrawal form in full?

Is your current PIR marked on the form?

Has a trusted referee, AMP employee or adviser completed section (e)?

Have you included bank account evidence in the form of an original pre-encoded deposit slip or certified bank statement?

Have you included certified copies of your identification and address documents?

Have your identification, address and bank account documents been certified / verified correctly?

Note: each document must be initialled and dated by a trusted referee, Adviser or an AMP employee

Have you signed and dated section (g)?

#### What to expect if you are leaving your employer

If you are leaving your employer, there are some extra steps in the process:

**Step 1:** Complete and **email** in the form. Once received, we'll check your form and supporting documents.



**Step 2:** We'll check the entitlements under your employer plan using information from your employer.



**Step 3:** If anything is missing or unclear, we'll let you know. At this point we also may need to wait for the **final contributions** (from your employer). We'll let you know if this is the case.



**Step 4:** Once all the information provided is in order, we will process your withdrawal. We'll use the unit prices effective on the day we process the withdrawal.



**Step 5:** We'll make payment to the bank account on your withdrawal form.



**Step 6:** We'll send you a letter and text message confirming your withdrawal.

# What to expect if you **are not** leaving your employer

If you provide all the information we need, we'll process your request within 8 working days.

**Step 1:** Complete and **email** in the form. Once received, we'll check your form and supporting documents.



**Step 2:** If anything is missing or unclear, we'll let you know.



**Step 3:** Once all the information provided is in order, we will process your withdrawal. We'll use the unit prices effective on the day we process the withdrawal.



**Step 4:** We'll make payment to the bank account on your withdrawal form.



**Step 5:** We'll send you a letter and text message confirming your withdrawal.



# New Zealand Retirement Trust (NZRT) Withdrawal form

If you ticked "Yes" above, you a and request a QROPS withdray	ourced pension funds into a QROPS account in the NZRT? are unable to use this withdrawal form. Additional rules a val from. ector Retirement Savings Scheme (SSRSS) please use the	and restrictions may apply - please talk to your adviser
(a) Your personal details		
Full name		Date of birth
		D D M M Y Y Y
Email		Mobile phone
		( )
Residential address		Postcode
Postal address (if different from r	esidential address)	Postcode
	IRD number  wals using the information held by AMP at the time a withdrawal occur. presented by the control of	PIR  10.5%  17.5%  28%  I is made. If your PIR details have changed, please advise the new PIR. to apply a different PIR.
(b) How much would you like	to withdraw?	
The <b>full</b> balance of  A <b>regular</b> withdrawal of  Starting	My member voluntary account only  \$ DDMMYYYYYY  To be paid	All of my NZRT accounts  All of my NZRT accounts  Monthly  Quarterly
A <b>partial</b> withdrawal of	\$	
Split	Equally across all the funds I am invested in; or	As outlined in the table below:
	Investment fund(s)	Amount (\$)
	Total	\$
(c) Where would you like you	r withdrawal paid?	
Account name	Account number	
Bank account evidence - please	provide either: Original pre-encoded deposit	t slip; or Certified true copy of a bank statement

See section (e) for certification instructions.

#### (d) 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 NZ passport NZ firearms license (identity page) Overseas passport NZ certificate of identity (identity page) OR Option 2 NZ driver licence PLUS (ONE of the following) Super Gold card NZ citizenship certificate/Citizenship certificate issued by foreign government NZ full birth certificate/Birth certificate issued by foreign government Bank statement or IRD statement issued in your name in the last six months OR Option 3 18+ identity card PLUS (ONE of the following) NZ full birth certificate/Birth 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, phon
Sky TV)

#### Bank Statement

- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (e.g. Inland Revenue, rates bill, vehicle registration)

#### IMPORTANT:

- 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.

#### (e) Certify your documents

#### **Certifying within New Zealand**

foreign government

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

I, FULL NAME OF TRUSTED REFEREE confirm that

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

NZ citizenship certificate/Citizenship certificate issued by

- 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
	Chartered Accountant	Police Constable

- Registered Medical Doctor Registered Teacher
- Fellow of the New Zealand Institute of Legal Executives

  Registrar or Deputy Registrar of the High Court or a
- District Court

  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

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#### Dated

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#### **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)

THE NAME OF TRUCTED DEFEREE

confirm that

- I have sighted today the original of each document identified with a tick in section (d) 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 ROLE/DESIGNATION
- In this capacity, I am authorised to take statutory declarations under the
   RELEVANT OVERSEAS JURSIDICTION

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** 

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(f) Additional information (for NZRT members under an employer plan)
Are you leaving your employer? Yes No
IMPORTANT:
1. If yes, your savings will be paid once your employer has completed a leaving employment form and the final contributions have been received.
2. If the 'member's address' information is not supplied all correspondence will be sent via the employer.

#### (g) Application and acknowledgements to the Manager

I apply to AMP Wealth Management New Zealand Limited (the "Manager") as Manager of the NZRT to withdraw the amount referred to above. I understand that:

- A full withdrawal payment will be in final settlement of my interests in the NZRT and I indemnify the Manager against all liability in relation to such payment.
- If my NZRT membership is through an employer plan and I am still in employment, this withdrawal is subject to the terms and conditions of my employer plan.
- I do not have any UK pension funds transferred into a QROPS account within the NZRT.

I certify the information given in this form is true and correct.

Member signature			Date								
SIGN HERE		D	D	Μ	Μ	Υ	Υ	Υ	Υ		
STOTETE											

Please ensure you have read the information sheet and completed the checklist.