



AMP Investment Trust

Withdrawing funds form

Please send this completed form and any supporting documents to:

investments@amp.co.nz

or post to

AMP Services (NZ) Limited
Freepost 170, PO Box 55
Shortland Street, Auckland 1140

We're here to help

If you have any questions please contact your Adviser or call Customer Services on 0800 267 111.

RESET FORM

Use this form to make a withdrawal of some or all of your funds from your investment or set up a regular withdrawal facility.

This form can be completed on-screen by typing content directly into the PDF document. Once you have completed your details, print, sign and send the form and any supporting documents to the address above.

- Once we have received your withdrawal request and it is approved, we will make a payment directly to your nominated bank account. Your request is deemed to be received when a completed form is received and approved by the Manager, and all verifications have been completed.
- If there are any issues with your withdrawal request we will contact you.

*These fields must be completed

(a) Your personal details

*Portfolio number:

Title

 Mr Mrs Ms Miss Mx Dr Other

*Date of birth

*First names

*Surname

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

Prescribed Investor Rate (PIR)

 0% 10.5% 17.5% 28%

^Title

 Mr Mrs Ms Miss Mx Dr Other

^Date of birth

^First names

^Surname

^Complete if joint membership

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

Prescribed Investor Rate (PIR)

 0% 10.5% 17.5% 28%

We deduct PIE tax from your withdrawal using the information we have at the time your withdrawal is paid. Please note: For joint accounts the PIR used to calculate tax on your withdrawal will be the highest rate of the joint investors. If you're unsure of your PIR, please go to amp.co.nz/pie or contact your Adviser or Inland Revenue.

*Name of Entity (for Trusts, partnerships or companies)

*Postal address

Postcode

*Please provide at least one contact phone number

Home phone

Work phone

Mobile phone

Personal email

(b) *Withdrawal details

You must ensure that your plan will retain the minimum balances after the withdrawal and your PIE tax liability may impact this minimum balance. PIE tax will be deducted at the time of your withdrawal.

I request:

A partial withdrawal of \$

Note: The minimum amount for partial withdrawal is \$500.

The entire account balance

A regular withdrawal of \$

Note: The minimum regular withdrawal is \$100.

Frequency: Monthly Quarterly

Start date

I direct AMP to withdraw funds from the following investment options:

Investment option	Investment account	Amount
Total withdrawal		\$

(c) Payment instructions

Payment will be made to the nominated bank account AMP have on file for you. If you are unsure what the nominated bank account is, please call us on 0800 267 111.

If you have never set up a nominated bank account for your AIT account or wish to change the account we currently have for you, please complete section (d) and (e) of this withdrawal form.

(d) Add/change nominated bank account

Your nominated bank account is the bank account to which AMP will make payments from this investment. Your nominated bank account must be a New Zealand bank account held in your name or jointly held in your name.

*Account name

*Account number

- - -

Bank account evidence - please provide either:

Pre-encoded deposit slip; or

Certified true copy of a bank statement

(e) 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 license
<input type="checkbox"/> Overseas passport (identity page and proof of your NZ residency/citizenship)	<input type="checkbox"/> NZ certificate of identity

OR

Option 2 NZ driver licence (front and back) **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)
- Bank statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (eg Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

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

- I would like AMP to electronically verify my identity where possible if there are any issues with the certification of my identification documents provided.

Example of a correctly certified document below.



I, **Jane Doe**

certify this to be a true copy of the original, which I have sighted, and the photo represents a true likeness of the person presenting the document to me for certification.

Dated the 26th day of August 2019

Jane Doe

Solicitor of the High Court

Certify your documents

Certifying within New Zealand

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

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (a) 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.
 - The documents that have been provided represent the identity of the person named in section (a) of this form.
 - 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)
 - 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

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
- I have sighted today the original of each document identified with a tick in section (a) 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.
 - The documents that have been provided represent the identity of the person named in section (a) of this form.
 - I am a
 - In this capacity, I am authorised to take statutory declarations under the Laws of
 - 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

(f) *Your signature and declaration

I/We certify that, to the best of my knowledge and belief, the information above is true and correct.

Signature

Date

Signature

Date

Signature

Date

Next steps:

- We may contact you by phone to confirm your withdrawal request.
- We will process your withdrawal within five business days of approving this application (valuation day). We will process your withdrawal at the unit prices effective on the valuation day. Any contributions received after the processing date will not be eligible for any further withdrawal under this application, except in the case where you are requesting a regular withdrawal or a full exit from the plan.
- If the request is approved we'll direct credit your nominated bank account and send you a notification confirming the amount of your withdrawal.
- If your request is not approved we will advise you.
- Please make sure you provide ALL supporting documentation. Failing to do so may delay the application process or result in your application being declined.

Checklist

Please check the application form has been completed correctly

- Have you completed all fields with an *?
- Have you signed the form?
- If applicable, have you attached the original certified supporting documents required?