

Please send this completed form and any supporting documents to:
investments@amp.co.nz
 Or:
 AMP Services (NZ) Limited
 Freepost 170, PO Box 55
 Shortland Street, Auckland 1140
If you have any questions please call us on 0800 267 001.

AMP Managed Funds

Deceased estate withdrawal application

Use this form to apply for the withdrawal of a deceased member's AMP Managed Fund balance.

The member's AMP Managed Funds account balance is (please tick one):

Over \$15,000

Did the member leave a will?

	Document required:	Who is the personal representative?	
Yes	Probate	Executor	Either Probate or Letters of Administration must be supplied with this application if the member's AMP Managed Funds account balance is over \$15,000. Both Probate and Letters of Administration are obtained through the High Court and are normally applied for by a Barrister or Solicitor.
No	Letter of Administration	Administrator	

If you need to know the value of the deceased member's AMP Managed Funds account balance to work out if the total estate is worth \$15,000 or less, please call Customer Services on **0800 267 001**.

Under \$15,000

For a member with an AMP Managed Funds account balance under \$15,000 where no Probate or Letters of Administration are applied for, the following people can act as the Personal representative and may apply for a withdrawal by completing this form (make sure you complete clause 8 of the statutory declaration in section (e) by ticking the appropriate box):

- a) the widow, widower, surviving civil union partner or children of the deceased person
- b) a surviving de facto partner of the deceased person
- c) the persons beneficially entitled to the estate of the deceased person under the will or on the intestacy of that person
- d) any person appearing to be entitled to obtain administration of the estate of the deceased person in New Zealand
- e) any person related by blood or marriage or civil union to the deceased person who undertakes to maintain the children of that person who are minors or any of them
- f) any person who has and is exercising the role of providing day-to-day care for any of the children of the deceased person who are minors.

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 email above.

*These fields must be completed

(a) *Deceased member details

*Member number

*Estate of (full name of member)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Prescribed Investor Rate (PIR) 10.5% 17.5% 28%

*IRD number

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PIE tax is deducted from any withdrawals using the information held by AMP at the time a withdrawal is made. If the deceased's PIR has changed, please advise us of the new PIR. If you're unsure of the deceased's PIR, please go to amp.co.nz/pie for help or contact the Inland Revenue.

(b) *Personal representative details

*Full name of personal representative (1)

*Date of birth

D	D	M	M	Y	Y	Y	Y
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*Postal address

<input type="text"/>	
<input type="text"/>	Postcode

*Please provide at least one contact phone number

Daytime phone

Mobile phone

Email

*Full name of personal representative (2)

*Date of birth

D	D	M	M	Y	Y	Y	Y
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*Postal address

<input type="text"/>	
<input type="text"/>	Postcode

*Please provide at least one contact phone number

Daytime phone

Mobile phone

Email

(c) *Payment instructions

Please provide proof of bank account in the form of an original **pre-encoded bank deposit slip** or a certified true copy of a bank statement. The bank account must be a New Zealand bank account in the name of the member's estate, personal representative(s) or solicitor's trust account.

*Account name

*Account number

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Payment will be made in New Zealand dollars.

(d) *Supporting documentation

Please supply the following supporting documentation with this application:

Member's AMP Managed Funds account balance is over \$15,000 (please tick):

- A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s))
- An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s))
- A certified copy of the full death certificate of the deceased member
- Certified copy of Probate or Letters of Administration
- Section (e) of this form (excluding clause 8).

Member's AMP Managed Funds account balance is under \$15,000 (please tick):

- A certified copy of a NZ driver's licence or passport for the personal representative(s) (Executor(s) or Administrator(s))
- An original pre-encoded bank deposit slip or a certified true copy of a bank statement (this must be a New Zealand bank account in the name of the member's estate, solicitor's trust account or personal representative(s))
- A certified copy of the full death certificate of the deceased member
- Section (e) of this form completed (including clause 8)
- A certified copy of the will, where there is one.

What is a Certified copy?

This means that a Justice of the Peace or Solicitor must certify that the copies being provided are true and correct copies of the original document. To do this, any copied document must have the statement: I certify that I have sighted the original document and this is a true and correct copy (stamped or written on the copy) and must be signed by the Justice of the Peace or Solicitor.

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.

(e) Statutory declaration

*Full name of personal representative (1)

*Full name of personal representative (2)

I/We do solemnly and sincerely declare that:

- 1) I am/We are applying to AMP for a full withdrawal of the deceased member's AMP Managed Funds account balance to be paid into the bank account specified in this form, and I/We understand that the deceased's membership in AMP Managed Funds will end;
- 2) I/We confirm that the information in this application (and any attachments to this application) is true and correct;
- 3) I/We understand that acceptance of the withdrawal is at the discretion of AMP and that fees may apply;
- 4) I/We understand that AMP may request additional information from me/us relating to this application;
- 5) I/We acknowledge that the Privacy Act 2020 provides me/us with the right to request access to and/or correction of any of my/our or the deceased member's 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 AMP Managed Funds. I/We understand that the information supplied by me/us with this application will be used to process this application and to administer the deceased member's membership of AMP Managed Funds (and may be disclosed for these purposes to third parties where relevant - are there any third parties to which disclosure is expected?). I/We authorise AMP and/or the Supervisor to obtain additional information in relation to this application from any third party/entity;
- 6) I/We confirm that I/we am/are not an undischarged bankrupt or incapable of managing my/our financial affairs and that I am/we are properly entitled to any payment made pursuant to this withdrawal and that no other person has any claim against it; and
- 7) I/We indemnify the Supervisor, AMP and any of their related companies against all claims, actions, demands, proceedings, costs or expenses, damages or liability arising and discharge them from any liability in respect of the deceased member's membership of AMP Managed Funds and/or withdrawal amount.

8. Please complete for members with an AMP Managed Funds account balance under \$15,000

the deceased named in this form died intestate and I am the person/one of the people entitled to take out the Letters of Administration in his/her estate and that I do not intend to apply for Letters of Administration.

or

the above named deceased left the will, a copy of which is attached, under which I/we am/are appointed as an/the executor(s) and that I/we do not intend to apply for probate of it.

That I/we am/are over 18 years of age and believe I/we am/are entitled to receive the proceeds of the above product in terms of Section 65 of the Administration Act 1969 and I/we will if called upon indemnify AMP Wealth Management New Zealand Limited, and/or any related company and/or the Supervisor for any loss it may incur through paying the proceeds or a portion of the proceeds to me/us.

*Relationship to the deceased

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

Personal representative (1)

Declared at

*Personal representative(1) signature

this (date)

Official mark

Official mark

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*Full name, title/office of person authorised to take a declaration

Date

of city (where signing)

*Occupation

Signature of person taking declaration

Personal representative (2)

Declared at

***Personal representative(2) signature**

this (date)

D	D	M	M	Y	Y	Y	Y
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Official mark

Official mark

before me **Solicitor, or Justice of the Peace, or Officer authorised to take statutory declarations**

*Full name, title/office of person authorised to take a declaration

Date

D	D	M	M	Y	Y	Y	Y
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of city (where signing)

*Occupation

Signature of person taking declaration

Next steps

- If we approve your request, we'll credit the nominated bank account with the amount approved within 8 working days and send you confirmation of the payment made.
- If your request is not approved, or if we require further information, we will notify you.
- If requested documents and supporting information are not provided, your application will be declined.
- You will receive the unit price on the day that the withdrawal is processed.

(f) *Checklist

Please check you have completed the form correctly

- Have you completed all fields with an *?
- Have you included original or certified proof of bank account in Section (c)?
- Have you attached certified copies of the documents detailed in Section (d)?
- Have you completed the Statutory Declaration in Section (e)?