



Withdrawal Form

AMP Savings and Investments Portfolio

A Client Details

Client name Client Number

B Withdrawal Details

Full withdrawal

Partial withdrawal (minimum \$500)

If you make regular savings payments, do you wish your payments to continue? Yes No

Please withdraw funds from:

INVESTMENT FUND*	UT/PRP/IB	\$ AMOUNT TO WITHDRAW

UT = AMP Unit Trust PRP = AMP Personal Retirement Plan IB = AMP Insurance Bond

If you are making a withdrawal from the AMP Unit Trust, please select the withdrawal method you prefer. If you do not show your preference, the Manager will use the Manager Buyback method.

Manager Buyback Direct Redemption

*Limited Access Balanced Investment Funds have a reduced value prior to their maturity.

C Bank Account Details

Name of Account Holder (s)

Bank

Branch

Account no.

Suffix

Account details

D Fund Withdrawal Tax (Only answer this section if you are making a PRP withdrawal)

1. Has any employer made contributions into your fund since 1 April 2000 i.e. Other than your own salary deductions?

Yes No

If you have answered "yes" you will need to complete a Fund Withdrawal Tax Questionnaire. The questionnaire determines whether you are liable to pay Fund Withdrawal Tax on employer contributions withdrawn.

E Conditions

Withdrawals from the AMP Personal Retirement Plan

For the AMP Personal Retirement Plan, you can make one withdrawal (or one switch out) per calendar year. This can be up to 20% of your balance (or 20% of the surrender value for the Limited Access Balanced Investment Fund) at that time. This applies until you reach age 55 or, if you have signed a Lock-In Agreement, until the expiry of that agreement.

Supporting Documentation Required

If your withdrawal will clear all of your funds out of the Insurance Bond, please attach your Policy Document.

Declaration

To the best of my knowledge and belief, the above information is true and accurate. In respect of full withdrawals, I/we authorize you to terminate my/our membership of the AMP Savings and Investment Portfolio. I/we acknowledge that I/we have no further claim against, or financial interest in, the AMP Savings & Investment Portfolio and discharge you from all its trusts.

Signature(s)

Date

Note: Where your portfolio is jointly owned, both clients must sign above.

If you require any assistance completing this form, or if you are unsure of your balance, please contact your Adviser or call AMP Customer Services on 0800 808 267. Send completed form to: AMP Savings & Investments Portfolio, Freepost 170, PO Box 1290, Wellington.
