



# AMP Investment Suite – Withdrawal Form

## PERSONAL DETAILS

Name: \_\_\_\_\_ Portfolio number: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## WITHDRAWAL DETAILS

I would like to withdraw the amount of \$\_\_\_\_\_ **or** The full value of my portfolio

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

Investment Fund	Amount
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL WITHDRAWAL</b>	\$

Please note the following:

- The *minimum* withdrawal is \$1,000.
- You must ensure that your portfolio will retain the minimum balances after the withdrawal.
- Money held in the Personal Retirement Plan or Personal Superannuation Scheme may be subject to withdrawal restrictions.

## PAYMENT DETAILS

I direct AMP to credit the following account:

Bank account name: \_\_\_\_\_

Bank account number:

Bank                      Branch                      Account number                      Suffix

## AUTHORISATION

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

Member signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please send this form to: AMP Savings and Investments  
P O Box 1290  
Wellington

If you have any questions, please call 0800 275 267.

### Office Use Only

<b>Entered By:</b>		<b>Authorised By:</b>	
<b>Date:</b>		<b>Date:</b>	