

AMP Personal Retirement Plan

Early Withdrawal Application

To: AMP Savings and Investments Portfolio
 P O Box 1290, WELLINGTON

Introduction

The AMP Personal Retirement Plan is a registered superannuation scheme, and as such is governed by the rules of its Trust Deed. The Trust Deed provides that all contributions are locked in until the member reaches the age of 55 or until any lock-in on the portfolio has expired. Under the terms of the Trust Deed, the Trustee may at its discretion allow early withdrawals.

The following are the usual circumstances in which the Trustee may allow early withdrawal:

1. the permanent incapacity of the member
2. the member has permanently emigrated from New Zealand
3. the member is experiencing financial hardship*

*Please note that if hardship is due to reduced income you may simply suspend payments until your income improves.

Members do have a right to make **one withdrawal of up to 20% per calendar year.**

Please complete sections A, B, C and D. If you are applying under the financial hardship criterion, please also complete sections E and F. To enable the Trustee to consider your application with the minimum of delay, please ensure that you provide any additional information as requested in section C and that you sign the declaration in section D.

If you have any questions when completing this form, please see your AMP Adviser or call AMP Customer Services on 0800 808 267.

(A) WITHDRAWAL DETAILS

I/We (Full Name):

of (Address):

Phone No.:

request withdrawal of \$ or the total balance (delete one) from my AMP*

Personal Retirement Plan, and acknowledge that such withdrawal is in partial (in the case of a nominated sum, less that the balance of my account) or in full (in the case of the total balance) settlement of my rights and interests under the AMP Personal Retirement Plan. I certify that I am not an undischarged bankrupt or incapable of managing my financial affairs and I am properly entitled to such money, and no other person has any claim against it. I/we undertake to indemnify you against all claims and liabilities which may arise against you, having regard to such payment.

AMP Personal Retirement Plan Membership

Percentage split for partial withdrawal (please specify fund* and %):

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

Fund Withdrawal Tax

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.

Signature of member(s): /...../.....

(B)

PAYMENT DETAILS

Please credit payment to the following account (otherwise, a cheque will be sent to the address above).

Account to Credit: [| | . | | | | . | | | | | | . | | |]

Account Name:

(C)

REASON FOR WITHDRAWAL

Please tick the reason for your application to withdraw.

1. Permanent Incapacity

Incapacity must be permanent.

Please attach a medical certificate describing your incapacity.

2. Permanent emigration

Please note that emigration must be permanent. Please attach a declaration confirming that you are emigrating permanently.

3. Financial Hardship

All applications to withdraw due to financial hardship are approved at the discretion of the Trustee.

To support your application, you must complete:

a) the Statement of Financial Position (Section E); and

b) the Statement of Income and Expenditure (section F).

Please describe below how your circumstances have changed since you commenced your savings programme

[Empty text box for describing financial hardship]

(Please attach copies of supporting documents eg redundancy letter)

I need to withdraw funds rather than simply suspend my payments.

4. Other (please provide details and supporting information)

[Empty text box for other reasons]

(D)

DECLARATION

Nb: This section must be completed for all withdrawals except the death of the member.

To the best of my knowledge and belief, the above information, and the information on the attached statements of financial position and income and expenditure, is true and accurate. In respect of full withdrawals, I/we authorize you to terminate my/our membership of the AMP Personal Retirement Plan. I/we acknowledge that I/we have no further claim against, or financial interest in, the AMP Personal Retirement Plan and discharge you from all its trusts.

Dated this [] day of [] 19 []

Signed at: []

Signature of member: []

Signature of Witness: []

Address of Witness: []

(E)

STATEMENT OF FINANCIAL POSITION

NB: The following section must be completed for all withdrawal applications under the financial hardship criterion.

Statement of position as at:

Day / Month / Year

ASSETS (what you own)

Bank accounts (specify) _____ \$ _____
 _____ \$ _____
 Life insurance (cash value) \$ _____
 House and Land \$ _____
 Other Property \$ _____
 Public company shares \$ _____
 motor vehicles (state year & type) \$ _____
 _____ \$ _____
 _____ \$ _____
 Household and personal effects \$ _____
 Other assets over \$1,000 (specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL ASSETS \$ _____

LIABILITIES (what you owe)

Overdraft \$ _____
 house loan number 1 (specify lender) \$ _____

 House loan number 2 (specify lender) \$ _____
 Other Loans (specify lender) _____ \$ _____
 _____ \$ _____
 Hire Purchase (Specify) _____ \$ _____
 _____ \$ _____
 Credit cards owing (specify) Limit _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 Other Liabilities over \$1,000 (specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL LIABILITIES \$ _____

(F)

STATEMENT OF INCOME & EXPENDITURE

NB: The following section must be completed for all withdrawal applications under the financial hardship criterion.

INCOME

Annual Income
 Gross income from employment \$ _____
 Other income (e.g. rent received) \$ _____
TOTAL GROSS ANNUAL INCOME

Monthly income _____
NET MONTHLY INCOME (after tax)

MONTHLY EXPENDITURE

Rates \$ _____
 Electricity/Gas \$ _____
 Telephone \$ _____
 Rent/Board \$ _____
 Mortgage repayments \$ _____
 Life Insurance \$ _____
 Home and contents insurance \$ _____
 Other insurance \$ _____
 Credit cards (2.5% of limit) \$ _____
 Other loans \$ _____
 Food/Groceries \$ _____
 Clothing/Footwear \$ _____
 Transport/Vehicle running costs \$ _____
 House repairs and maintenance \$ _____
 Hire purchases \$ _____
 Other regular expenses (specify) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL MONTHLY EXPENDITURE \$ _____

Total monthly income	\$ _____
Total Monthly expenditure	\$ _____
Monthly Net Surplus/Deficit	\$ _____