



Withdrawal Form

AMPAK, FSB, Investment Linked

 Note: Information marked with this symbol must be completed

Policy Details

Policy number:

Policy owner: Date of birth: / /
day month year

Withdrawal of Some Funds

I want to withdraw some funds from this policy

Amount required: \$

Complete the payment instructions, sign on the back of the form and attach your policy document

For Investment Linked policy only: If your policy is invested in more than one unit please specify the dollar amount that you wish to be withdrawn from each unit.

Managed Balanced Unit (C)	<input type="text"/>		
Managed Performance Unit (O)	<input type="text"/>	Horizon Investment Unit (Y)	<input type="text"/>
NZ Share Based Unit (R)	<input type="text"/>	International Unit (N)	<input type="text"/>
Fixed Securities Unit (X)	<input type="text"/>	Property Unit (K)* (see over)	<input type="text"/>

Withdraw all Funds and Cancel Policy

I want to withdraw all funds and cancel this policy

Complete the payment instructions, sign on the back of the form and attach your policy document

Policy Document

Please tick one option

YES NO I have attached the policy document

YES NO I have lost the document and have attached a Statement of Loss Form

Payment Details

The requested payment will be deposited into your nominated bank account. Funds will be available within three days of the payment processing. A letter will be issued confirming deposit details.

Transfer to Bank Account:

Bank name and branch: Account holder:

Bank address for international payments:

Account (enclose encoded deposit slip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Bank</small>	<small>Branch</small>	<small>Account Number</small>	<small>Suffix</small>

Please use the amount shown to repay any outstanding loans or premiums on my AMP Policies

Specify policy number: <input type="text"/>	\$ <input type="text"/> premium/loan
Specify policy number: <input type="text"/>	\$ <input type="text"/> premium/loan

Please transfer the amount shown into a new AMP product

Specify: \$

see over ...

Partial Withdrawal

Please reduce the value of this policy by an amount (including the withdrawal charge) that is sufficient to provide the amount required and pay the proceeds as directed. I understand that the total units and/or withdrawal value will be reduced to match the amount required and that any Death and Disablement Lump Sum Benefits will be reduced by this same amount (as stated in my Policy Document or Members Booklet).

Full Withdrawal Policy Cancellation

I apply for this policy to be cancelled in consideration of the payment of the surrender value by AMP Life Limited and I acknowledge I will receive the surrender value. I surrender the policy to AMP Life Limited and discharge and release AMP Life Limited from the policy, and all moneys payable under it, and all actions and claims, and demands in relation to it.

Withdrawals from the Property Unit for Investment Linked policies only

- I understand that a redemption period of up to two years may apply to the Property Unit if:
 - I entered into the policy and invested in Property Units on or since 19 July 1994; or
 - I entered into the policy prior to 19 July 1994 and have subsequently switched from other units into Property Units.
- I further understand that the withdrawal value of my Property Units will be the unit price current at the date the payment is made to me.

AMPAK policies

I understand that the withdrawal value will be made on a pro-rata basis from both the asset value and guaranteed components of the policy.

Unit price for Withdrawal

I understand that the withdrawal value will be calculated as at the date all requirements are received at AMP in Wellington (apart from withdrawals from the Property Unit as detailed above).

→ Important: This section must be completed

I have read and agree to the conditions on this form:

Signature(s) of policy owner(s):

Signature(s) of policy owner(s):

Current address:

Daytime telephone number:

Date: / /
day month year

Witnessed in the presence of:

Witness name:

Occupation:

Address of witness:

Witness signature:

Date: / /
day month year

Have you attached the policy document?

For Office Use Only

Date of payment: / /
day month year

Total paid:

Entered by:

Authorised by: