



Please post this completed form and supporting documents to:

AMP Customer Services
Freepost 170, PO Box 55
Shortland Street, Auckland 1140

Conventional surrender discharge

Use this form to request a surrender discharge of your Whole of Life or Endowment policy.

All supporting documentation must be sent through for your request to be processed. Failing to do so may delay your request. We may contact you if we require further information.

If you would like any help or have any questions when completing this form please contact your Adviser or call Customer Services on **0800 808 267**.

(a) Policy details

Policy number	Surrender value*	Life insured's date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*This surrender (cash) value may change to reflect any further payments, missed payments or loan debts. It is also important to note that the cash value may vary if the terminal bonus rate changes. The amount and payment of a terminal bonus is not guaranteed and can change at any time without notice.

(b) Policy Owner(s)

All Policy Owner(s) please complete the details below and send us a copy of your photo identification (see section (d) and (e) for further details).

Primary Owner (Correspondence will be sent to the address of Primary Owner only)

Mr Mrs Ms Miss Dr Other

First name Last name

Date of birth Gender Male Female

Email address

Postal address

Suburb Town/City Postcode

Home () Work () Mobile ()

Policy Owner 2

Mr Mrs Ms Miss Dr Other

Date of birth

First name Last name

Day time phone number () Email address

Policy Owner 3

Mr Mrs Ms Miss Dr Other

Date of birth

D	D	M	M	Y	Y	Y	Y
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First name

Last name

Day time phone number

Email address

Policy Owner 4

Mr Mrs Ms Miss Dr Other

Date of birth

D	D	M	M	Y	Y	Y	Y
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First name

Last name

Day time phone number

Email address

(c) Payment instructions

Payment will be direct credited to your nominated bank account. Your nominated bank account must be a NZ bank account in your name(s) or be a joint account incorporating your name(s). Please note that transfer of your funds will usually take 2-3 business days to reach your bank account after processing.

Account name

Account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please provide proof of your nominated bank account (tick one of the following):

- An original pre-encoded bank deposit slip
- Certified true copy of a bank statement
- Other (certified true copy of proof of bank account)

(d) Provide your identification to verify your identity

Please provide identification documents for all owner(s) on the policy to verify their identity. Please complete Option 1 in the table below for all Policy owner(s) and attach copies of the requested documents. If you cannot provide a document from Option 1, then complete Option 2 or 3.

Option 1: ONE document from this section

<input type="checkbox"/> NZ passport (Identity page)	<input type="checkbox"/> NZ firearms licence
<input type="checkbox"/> Overseas passport (Identity page)	<input type="checkbox"/> NZ certificate of Identity

Option 2: NZ Driver's Licence **PLUS** (ONE of the documents from this section)

<input type="checkbox"/> Super Gold card	<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government	<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last 6 months

Option 3: 18+ identity card **PLUS** (ONE of the documents from this section)

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government	<input type="checkbox"/> NZ citizenship certificate/citizenship certificate issued by foreign government
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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 form.

(e) Certify or verify your identity and nominated bank account documents

Your identity and nominated bank account documents can be certified by a trusted referee (use the first box below), or verified by an Adviser or AMP employee acting as agent of AMP (use the second box below).

DECLARATION BY TRUSTED REFEREE

I, confirm that

- 1. I have sighted today the original of each document identified with a tick in section (c) and (d) above verifying the identity and nominated bank account details of the policy owner(s) named in section (b) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
- 2. The documents that have been provided represent the identity of the person(s) named in section (b) of this form.
- 3. I am a **(tick one of the following)**

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> New Zealand lawyer | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Notary public | <input type="checkbox"/> Registered medical doctor |
| <input type="checkbox"/> Chartered accountant | <input type="checkbox"/> Police constable | <input type="checkbox"/> Registered teacher | <input type="checkbox"/> Kaumātua |
| <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Minister of religion | <input type="checkbox"/> Commonwealth representative | <input type="checkbox"/> NZ Honorary Consul |

4. I am not related to and do not live at the same address as the person(s) named in section (b) of this form, and I am over 16 years of age.

Signature of trusted referee

Dated

OR

DECLARATION BY ADVISER/AMP EMPLOYEE (AS AGENT OF AMP)

I, confirm that

- 1. I have sighted today the original of each document identified with a tick in section (c) and (d) above verifying the identity and nominated bank account details of the policy owner(s) named in section (b) of this form, and attached to this statement are true copies of those documents initialled and dated by me.
- 2. I have no reason to believe that the person(s) named in section (b) is not who they claim to be.
- 3. AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

Signature of Adviser/AMP Employee

Dated

(f) Before you surrender your policy, ask yourselves – is this the right thing to do?

Deciding what to do with your policy is a major decision. At AMP, we believe you should get advice before you surrender your policy, as there may be other options available to you.

What are my options?

Did you know you can obtain funds from your policy or change your premium payments without having to cancel it? Some of your options include the following:

- Take out a loan against the security of the policy. You may be able to borrow up to 90% of the cash value of your policy.
- Cash in a portion of your bonuses for a reduced amount. You can withdraw some of the accumulated value of your bonuses, reducing your total life cover at the same time.
- Make the policy 'paid up' for a reduced sum insured. This means you will no longer pay any premiums. You will still have valuable life insurance cover but for a smaller amount than you have now.
- Sell your policy. You may sell your interest in your AMP policy to another person. There is a secondary insurance market for endowment and whole of life policies. If you sell your policy, you no longer have any financial interest in it. However, the life cover remains in force.

For further information about the above options that may be available to you, please talk to your AMP Adviser, contact Customer Services for a copy of the AMP Product Options Guide (or from www.amp.co.nz).

Get advice

If you do decide to cancel your policy, AMP offers other investment options which you may want to consider. Don't sell or surrender your policy without being sure this is right for you. Talk to your AMP Adviser about what to do, or if you want us to arrange for an AMP Adviser to contact you phone our Customer Services Team on **0800 808 267**.

(g) Declaration – All Policy Owner(s) to sign

I/We have read and agree to the conditions of this form and confirm that the information provided in this form and any accompanying documents is true and correct.

I/We declare that:

- I am/ We are the owner(s) of the policy set out in section (a) above (Policy);
- The Policy document is not held by any other person, bank or company; and
- The Policy has not been sold, assigned, mortgaged or deposited as security with any person, bank or company.

I/We being the policy owner(s) of the Policy, apply for this Policy to be discharged and direct AMP Services (NZ) Limited, AMP Life Limited and/or any related Companies (together referred to as "AMP") to pay the surrender value into my/our nominated bank account. In consideration of the surrender value being paid to my/our nominated bank account, I/we surrender the Policy to AMP and release AMP of and from the Policy and all monies payable, and all actions, claims and demands arising under it.

Signature(s) of Policy Owner(s):

Date

Signature(s) of Policy Owner(s):

Date

Signature(s) of Policy Owner(s):

Date

Signature(s) of Policy Owner(s):

Date

Please ensure you read the Next Steps and Checklist sections on the next page.

(h) For Adviser Use Only (This section must be filled in by the servicing Adviser. If no Adviser has been involved with the completion of this form please leave this section blank).

Adviser name (if applicable):

Adviser number:

FSPN (please use your QFE's FSPN if you are a QFE Adviser):

I confirm that I am an:

- AFA (Authorised to give advice on Category 1 products)
- AMP QFE adviser Category 1 & 2

Other:

and I certify that the information provided in this Adviser Information Section is correct and that I have complied with the requirements of the Financial Advisers Act and all other applicable laws.

Signature of Adviser:

SIGN HERE

Date:

Next steps:

- Please make sure you provide ALL supporting documentation when you post this application. Failing to do so will delay the application process or result in your application being declined. We will contact you if we require further information.
- We may contact you to confirm your surrender request.
- Once all your documents have been received by AMP, please allow up to 3 working days for your request to be processed.
- Once your surrender is processed we will direct credit your nominated bank account and we will notify you to confirm the amount paid.

Checklist

Please check you have completed the form correctly

- | | |
|---|--|
| <input type="checkbox"/> Have you completed all fields? | <input type="checkbox"/> Has the declaration section been signed by all Policy Owner(s)? |
| <input type="checkbox"/> Have you included an original pre-encoded bank deposit slip or a certified true copy of a bank statement (section (c))? | <input type="checkbox"/> If applicable, has your Adviser completed section (h)? |
| <input type="checkbox"/> Have you included your identification documents that have been certified by your trusted referee or verified by your Adviser or an AMP employee (section (d) and (e))? | |

Once you have completed all items on the checklist please post your documents to:

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Freepost 170, PO Box 55,
Shortland Street, Auckland 1140