AMP CAPITAL

Early Withdrawal of Funds Form

Term Advantage Fund

BEFORE MAKING THE DECISION TO WITHDRAW YOUR INVESTMENT WE RECOMMEND YOU DISCUSS YOUR OPTIONS WITH YOUR FINANCIAL ADVISER.

PERSONAL DETAILS

Client number

Title

Surname

Given names (s)

Address

WITHDRAWAL DETAILS

Investment ref

Investment ref

Investment ref

Note: If the manager accepts a redemption notice in respect of an investment in the Fund prior to the specified redemption date, an early withdrawal fee will be charged to the unit holder.

This redemption request is 100% of your holdings in this Term Deposit. Please refer to the latest Investment Statement for details of the early withdrawal fee.

PAYMENT DETAILS

I direct AMP Capital Investors to credit the following account. I understand and agree that this account will be used for the deposit of all payments from AMP Capital Investors.

This is the bank account you wish withdrawals to be paid to:

Bank Branch Account No. Suffix

SIGNATURES

All account owners must sign.

Owner signature _____ Date _____

Owner signature _____ Date _____

Owner signature _____ Date _____

Please send this form to:
AMP Capital Investment Funds, PO Box 106-435, Auckland.
Fax (09) 360 4501 Email query@ampcapital.co.nz
If faxed or emailed, please ensure you post the original to PO Box 106-435, Auckland