

AMP Growth Bond Under Age 16 Parental and Guardian form

Please complete this declaration form if you are under age 16 and are (tick applicable box):

- Requesting a withdrawal of funds
- Completing an investment switch.

Important notes

If you are under age 16, you should consult a parent or legal guardian (as detailed below) before you:

- make a withdrawal/transfer
- switch investment options.

Mark boxes with where appropriate, otherwise use block letters. Leave a box between words.

1. Policyowner personal details

Title Surname

Given names

Date of birth Sex Male Female

Policy number (if known)

Phone number Mobile phone number

2. Policyowner declaration and signature

- I declare that I will not commence any action against AMP Life Limited in relation to my request for withdrawal/transfer **or** switching investment options (as applicable) arising out of or in connection with my being under age 16.
- I acknowledge the consequences of my request, including those described in the applicable Product Disclosure Statement available from AMP Life and/or by obtaining professional advice.
- I acknowledge that my parent or guardian has joint and several responsibilities for the consequences of my request, and will reimburse and make AMP Life Limited whole in respect of any successful claims against AMP Life made by or in respect of my policy ownership in relation to this request.

Signature of policyowner

Date

3. Parent or legal guardian declaration

- I am the parent or legal guardian of the policy owner.
- I acknowledge the consequences of withdrawing/transferring from the policy or switching investment options (as applicable), including those described in the Product Disclosure Statement available from AMP Life.
- The policyowner understands those consequences.
- I take joint and several responsibilities for the consequences of this request, and will reimburse and make AMP Life whole in respect of any successful claims against AMP Life made by or in respect of the policyowner in relation to this request.

4. Parent or legal guardian personal details

Title Surname

Given names

Residential address (must not be a Post Office Box)

Unit No. Street No. Street name

Suburb State Postcode

Phone number Mobile phone number

5. Parent or legal guardian signature

Signature of parent or legal guardian

X

Date

DDMMYYYY

Where to send this form

Complete this form and return it together with your request to:

AMP Life Limited
Customer Service
PO BOX 300
PARRAMATTA NSW 2124
Fax: 1300 301 267

Office/Adviser use only

Planner number

Request ID



The product issuer, AMP Life Limited ABN 84 079 300 379 (AMP Life), is part of the Resolution Life Group. AMP Life has proudly served customers in Australia since 1849. AMP Limited ABN 49 079 354 519 has sold AMP Life to the Resolution Life Group whilst retaining a minority economic interest. AMP Limited has no day-to-day involvement in the management of AMP Life whose products and services are not affiliated with or guaranteed by AMP Limited. AMP Limited is not liable for products issued by AMP Life or any statements or representations made in the PDS for those products. 'AMP', 'AMP Life' and any other AMP trademarks are used by AMP Life under licence from AMP Limited.