

Return to Freepost NZ Funds KiwiSaver Scheme, Private Bag 92050, Victoria Street West, Auckland 1142.

Applicant (minor) details

Minor's name

Parent / Guardian details

Name

Title (Mr / Mrs / Miss / Ms / Dr) First name Middle name(s) Surname

Relationship to minor

Date of birth

Residential address (not PO Box)

Street

Suburb

City

Postcode

Country of birth

Citizenship(s)

Identification requirements for parent or guardian acting on behalf

Provide the following identification documents for the acting on behalf relationship as appropriate:

- Birth certificate or guardianship order of a minor
- Document evidencing authority

Identity information

In order to verify your identity, select **ONLY ONE** of the ID option columns below:

Option 1	Option 2	Option 3
<input type="radio"/> NZ driver licence. And ONE of the documents listed below: <input type="radio"/> Credit, debit or eftpos card (Including name and signature) <input type="radio"/> Bank statement <input type="radio"/> Government agency document (e.g., IRD correspondence)	<input type="radio"/> NZ driver licence, OR <input type="radio"/> 18+ card. And ONE of the documents listed below: <input type="radio"/> Full birth certificate <input type="radio"/> Citizenship certificate	<input type="radio"/> Passport, OR <input type="radio"/> NZ firearms licence.

Residential address documentation

In order to verify your residential address, select **ONLY ONE** of the options below. This document must be no more than three months old.

- Bank or financial institution statement
- Rates or house insurance document
- Utility document (e.g., electricity, gas, water, landline telephone or Sky TV)
- Government agency document (e.g., correspondence from IRD or an educational institution)

Verification and/or certification

The validity of identity documents, if not presented face to face to an Authorised Individual, must be certified by a Trusted Referee.

Identity verification by an Authorised Individual*

Tick the document(s) selected previously, verify that the details shown by the documents correctly represent the acting on behalf information and the individual's identity information (i.e., name, date of birth and residential address), then photocopy and attach copies to this completed form before signing and dating the statement below.

Name

I, , Authorised Financial Adviser,
have sighted documents provided (copies of which are attached to this form), and have used those documents to verify client identity information as is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009.

Signature of Authorised Individual

Date

/ /

Where originals of the selected documents are not made available, certified copies must be presented. Certification requirements are detailed below.

* An Authorised Individual refers to an Authorised Financial Adviser listed on the NZ Funds' Register of Individuals Authorised to perform CDD.

Certification by a Trusted Referee

A Trusted Referee must be:

- at least 16 years of age; and
- not related, spouse or partner, living at the same residential address or involved in the transaction or business; and
- one of the following (please indicate by tick):

- | | | |
|---|--|--|
| <input type="radio"/> Commonwealth representative | <input type="radio"/> Member of the police | <input type="radio"/> Justice of the Peace |
| <input type="radio"/> Registered medical doctor | <input type="radio"/> Kaumātua | <input type="radio"/> Registered teacher |
| <input type="radio"/> Minister of religion | <input type="radio"/> Lawyer | <input type="radio"/> Notary Public |
| <input type="radio"/> New Zealand Honorary Consul | <input type="radio"/> Member of Parliament | <input type="radio"/> Chartered accountant |
| <input type="radio"/> A person who has legal authority to take statutory declarations | | |

Note: document certification must occur no earlier than three months prior to the date of presentation

Name

I, , Trusted Referee,

- have sighted the original documents as detailed previously, each of which represents the identity (i.e., name, date of birth and residential address) of , the Individual; and
- have signed copies of those documents and attached these to this form; and
- confirm that the copies of those documents are true copies of the original documents of the above named individual that has been sighted by me today.

Signature of Trusted Referee

Date

/ /

Exception handling procedures

Where an individual is unable to supply documents as detailed previously, please contact the Administration Manager on 0800 693 5494 or by email to NZFKiwi@linkmarketservices.com.