



# AML Form for a Trust (Form 3)

Please print in BLOCK letters and complete all fields unless not applicable.

## Trust details

Trust name

Existing client

Yes - NZ Funds client number

Not an existing client

Address

Street/PO Box

Suburb

City

Postcode

Nature/purpose of Trust

## Individual completing this form

Name of individual authorised to act on behalf of the Trust

If this person is not a trustee, complete and attach an 'AML Form 2 for a Representative acting on behalf of a client'.

## Settlers

Name(s) of settlor(s)

An AML form for each settlor 'AML Form 1 for an individual' or 'AML Form 4 for a Company' as appropriate must be completed.

## Source(s) of funds and wealth

Please provide a description of the source of the funds being invested and the source of the wealth of the client.

Attach further information, if necessary.

Append copies of documentary evidence of the source of funds to this form. We may need to contact you for further information.

## Jurisdiction

In which jurisdiction is the Trust based? New Zealand or another country? Please specify.

## Identification requirements for Trust

Provide the following identification documents for the Trust as appropriate.

- The Trust Deed\*, together with any amendments or supplements relevant to trustees or beneficiaries
- Letter of bank account authorised signatories, if available (from the bank)
- Resolution or deed of appointment and retirement of trustees
- Proof of address, if available (bank statements or IRD correspondence)

\* Trust Deed should be an original certified copy or a copy of the the original document (or certified document) taken by a Trusted Referee/Authorised Individual with a certification/verification on the copy that they have sighted the original document and this is a true copy.

## Identity verification by an Authorised Individual\*

Tick the document(s) selected previously, verify that the details shown by the documents correctly represent the trust identity and source of funds and wealth information provided on this form. 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

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

## Trustees

For all Trustees, Trustee appointers and protectors (or any parties if they have control of Trust assets):

- List full name below and complete 'AML Form 1 for an Individual' for each; and/or
- If any of the Trustees are companies, please complete and attach 'AML Form 4 for a Company'.

Trustee 1

Trustee 2

Trustee 3

Trustee 4

## Trust Beneficiaries

Choose one of the two options below.

### Option 1

If the Trust is **discretionary** or **has more than ten named beneficiaries**, please insert the relevant Trust Deed clause number(s) or provide a description of each class or type of beneficiary below\*\*.

\*\* Class or type of beneficiary may include discretionary, final or children of settlor.

### Option 2

If the Trust is **not discretionary** or **has fewer than ten named beneficiaries**, please list the full name of each below and complete an 'AML Form 1 for an Individual' on behalf of each.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Exception handling procedures

Please contact NZ Funds on 0508 733 337 or via email at [info@nzfunds.co.nz](mailto:info@nzfunds.co.nz) for assistance should any exception arise.