



# AML Form for an Individual (Form 1)

NZ Funds as a financial institution is required by law to collect identity and address information on its clients.

This form is to be used for natural persons only.

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

## Client details

Account name

Existing client

Yes - NZ Funds client number

     


Not an existing client

## Individual

Name

Title (Mr / Mrs / Miss / Ms / Dr)

First name

Middle name(s)



Surname

Date of birth

Residential address (not PO Box)

Street

Suburb

City

Postcode

Occupation

IRD Number

         

Country of birth

Citizenship(s)

## Identity verification

There are three ways to complete identity verification. The options are:

- 1) Documentary identity verification - certified face-to-face by a Trusted Referee and verified by an Authorised Individual\* (complete following page); or
- 2) Documentary identity verification - verified face-to-face by an Authorised Individual\* (complete following page); or
- 3) Electronic identity verification - your financial adviser may conduct identity verification by electronic means. In such circumstances, documentary identity verification would not be required. Please ensure an Electronic Verification Certificate is provided to NZ Funds.

For 1) and 2) above, you must ensure the relevant documents are attached to this form.

Please complete the following documentary identity verification forms for all individuals named in this application and provide the appropriate documentation.

Note: document certification by a Trusted Referee must occur no earlier than three months prior to the date of presentation.

### Exception handling procedures

Where an individual is unable to supply documents as required, please contact NZ Funds on 0508 733 337 or via email at [clientservices@nzfunds.co.nz](mailto:clientservices@nzfunds.co.nz).

## Documentary Identity Verification

### Identity information

In order to verify your identity, select and tick **ONE** of the ID combination columns below:

ID Combination 1	ID Combination 2	ID Combination 3
<input type="radio"/> NZ driver licence. And <b>ONE</b> 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, <b>OR</b> <input type="radio"/> 18+ card. And <b>ONE</b> of the documents listed below: <input type="radio"/> Full birth certificate <input type="radio"/> Citizenship certificate	<input type="radio"/> Passport, <b>OR</b> <input type="radio"/> NZ firearms licence.

### Residential address documentation

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

<input type="radio"/> Bank or financial institution statement	<input type="radio"/> Rates or house insurance document
<input type="radio"/> Utility document (e.g., electricity, gas, water, landline telephone or Sky TV)	<input type="radio"/> Government agency document (e.g., correspondence from IRD or an educational institution)

### For persons under 18 years of age

<input type="radio"/> If the identity information options are unavailable, a birth certificate or student card is acceptable.	<input type="radio"/> If the residential address options are unavailable, proof of the parent(s) or guardian(s) address where the minor resides is acceptable.
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## Certification By A Trusted Referee\*

Name	Trusted Referee* type
<input type="text"/>	<input type="text"/>

- have sighted the original documents selected above, 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 attached are true copies of the original documents of the Individual sighted by me today.

### Signature of Trusted Referee\*

### Date

## Verification Completed By An Authorised Individual\* (Please tick one)

- I have met the Individual face-to-face and have sighted the original documents selected above, each of which represents the identity (i.e., name, date of birth, and residential address) of the Individual, in accordance with the Anti Money Laundering and Countering Financing of Terrorism Act 2009.
- I have verified the documents which have been certified by a Trusted Referee and have verified the identity information of the Individual in accordance with the Anti Money Laundering and Countering Financing of Terrorism Act 2009.

### Name of Authorised Individual\*

### Signature of Authorised Individual\*

### Date

### \* 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
- from the following list of Trusted Referees -

- |                               |   |                      |                               |
|-------------------------------|---|----------------------|-------------------------------|
| • Commonwealth representative | • Chartered accountant  | • Registered teacher | • Justice of the Peace        |
| • Registered medical doctor   | • Member of Parliament  | • Notary Public      | • New Zealand Honorary Consul |
| • Lawyer                      | • A person who has legal authority to take statutory declarations |                      |                               |

\* Authorised Individual refers to a person listed on the NZ Funds 'Register of Individuals Authorised to perform CDD'.