



# AML Form for an Individual (Form 1)

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2019 (AML/CFT Act) to collect identity and address information on its clients.

This form is to be used for natural persons only.

## 1 | Client details

Account name

Existing client

Yes

NZ Funds client number

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No

Name

Title	First name	Middle name(s)	Surname
<input type="text"/>			

Residential address (not PO box)

Street <input type="text"/>		
Suburb <input type="text"/>	Town / City <input type="text"/>	Postcode <input type="text"/>

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

IRD number

Occupation

Country of birth

Citizenship(s)

## 2 | Identity verification

There are **three options** to complete identity verification:

Please tick option selected.

Option 1

**Electronic identity verification by your financial adviser**

- You do not need to complete section 2.
- Your financial adviser will need to attach a completed Electronic Verification Certificate.

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### Option 2

**Documents verified face-to-face by your financial adviser or an NZ Funds employee\*** • Please complete section 2A and take your original documents along to your financial adviser or an NZ Funds office to have section 2C(i) completed.

### Option 3

**Documents certified face-to-face by a Trusted Referee\*\*** • Please complete section 2A and take your original documents along to a Trusted Referee to certify your documents and complete section 2B.  
**AND** • Please send the original certified copies to your financial adviser who will verify these and complete section 2C(ii). If you do not have a financial adviser, please send your form and original certified copies to: New Zealand Funds Management Limited, Private Bag 92226, Auckland, 1142.  
**Verified by your financial adviser or an NZ Funds employee\***

\* To complete verification, the adviser, employee or other authorised person must be listed on the NZ Funds 'Register of Individuals Authorised to Perform CDD'.

\*\* A **Trusted Referee** must be either a Justice of the Peace, a Lawyer, a Notary Public, a Chartered Accountant, a Registered medical doctor or a Registered teacher. A Trustee Referee cannot:

- Be your spouse or partner;
- Be related to you;
- Live at the same address as you; **or**
- Be involved in the transaction or business requiring certification.

Where documents are being certified outside of New Zealand, your Trusted Referee must be a person who is authorised to take statutory declarations under the laws of the country, state or territory where the documents are being certified.

#### Important

- Document certification by a Trusted Referee must occur no earlier than three months prior to the date of presentation.
- Please ensure certified copies of the original documents are attached to this form.
- 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).

## 2A | Documentary identity verification

#### Identity verification

To verify your identity, select **ONE** of the ID combinations and tick which document(s) you are providing below:

##### ID Combination 1

- Passport **OR**
- NZ firearms licence

##### ID Combination 2

- NZ driver licence
- And **ONE** of the documents listed below:
- Credit, debit or eftpos card (including name and signature)
  - Bank statement
  - Government agency document (e.g. IRD correspondence)

##### ID Combination 3

- NZ driver licence **OR**
  - Kiwi Access Card
- And **ONE** of the documents listed below:
- Full birth certificate
  - Citizenship certificate

#### Residential address verification

To verify your residential address, select **ONE** of the options below. This document must be no more than six 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. IRD correspondence)

Digital versions of utility and house insurance documents are acceptable if they show you to be responsible for a fixed non-movable service at the address (digital bank statements and Government agency documents are not acceptable for address verification but can be provided for identity verification.)

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**For persons under 18 years of age**

If none of the identity options are available, please provide:

- Birth certificate **OR**
- Student card

If none of the residential address options are available, please provide:

- Proof of the parent's or guardian's address where the minor resides.
- Government agency document (e.g. IRD correspondence)

## 2B | Certification by a Trusted Referee

This section is to be completed if documents are not being verified face-to-face by your financial adviser or an NZ Funds employee.

Name  
I  confirm that

- I have seen the original documents selected above, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant.
- I have signed copies of those documents and attached these to this form.
- The copies of those documents attached are true copies of the original documents of the applicant seen by me today.
- I am a (tick **ONE** of the following):

- Justice of the Peace
- Notary Public
- Registered medical doctor
- Lawyer
- Chartered Accountant
- Registered teacher

Signature of trusted referee

Day      Month      Year

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## 2C | Verification by your financial adviser or an NZ Funds employee\*

Please select as appropriate.

**2C(i) Documents verified face-to-face**

- I have met the applicant face-to-face and have seen the original documents selected, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant, in accordance with the AML/CFT Act. Copies of the selected documents are attached to this form.

**2C(ii) Documents certified by Trusted Referee**

- I have verified the documents which have been certified by a Trusted Referee and have verified the identity information of the applicant in accordance with the AML/CFT Act. Copies of the certified documents are attached to this form.

**Signature**

Name of financial adviser / NZ Funds employee\*

Signature of financial adviser / NZ Funds employee\*

Day      Month      Year

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\* To complete verification, the adviser, employee or other authorised person must be listed on NZ Funds 'Register of Individuals Authorised to Perform CDD'.