



AML Form for a Representative acting on behalf of a Client (Form 2)

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

Representative details

Name of Representative

Relationship to Client

Identification requirements for acting on behalf

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

Power of attorney and certificate of non-revocation

Birth certificate or guardianship order of a minor

Document evidencing authority

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 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 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'.