



# 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)

Continued over...

## 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 2A, 2B or 2C.

#### Option A

Passport number

Passport expiry date

Day Month Year

#### Option B

Driver licence number

Licence version number

Licence expiry date

Day Month Year

Please note if we are unable to verify your identity electronically, document identity verification may be necessary.

#### Consent statement

I authorise NZ Funds to conduct identity checks for the purpose of complying with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and any other regulatory requirements (including specific and ongoing electronic identity verification checks) and to collect and use, and disclose to third-party providers of checking services, my personal information to perform such checks.

Signature

Day Month Year

#### 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.

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### 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 (PDF) 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 (PDF) versions of bank statements and Government agency documents can be used for both identity and address verification.

### 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)

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## 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'.