



AML for a Trust (Form 3)



Use this form if you are completing AML identification requirements for a Trust.

NZ Funds is required by the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML / CFT Act) to collect identity and address information on its clients.

Return this form and original certified copies to New Zealand Funds Management Limited, Private Bag 92226, Victoria Street West, Auckland 1142, or by email to registry@nzfunds.co.nz.

1. Trust details

Trust name

Are you an existing client?

If Yes, enter in your NZ Funds client number.

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Trust address

Street / PO Box

Suburb

Town / City

Postcode

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Nature / purpose of Trust

2. Individual completing this form

Name of Individual authorised to act on behalf of the Trust

Title First name Middle name(s) Surname

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If this person is not a Trustee, complete and attach an 'AML Form 2 for a Representative Acting on Behalf of a Client'.

3. Settlers

Name(s) of settlor(s)

Title First name Middle name(s) Surname

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Title First name Middle name(s) Surname

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

4. Source(s) of funds and wealth

Please attach a narrative of the source of the funds being invested and the source of the wealth of the Client.

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

5. Jurisdiction

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

6. Identification requirements for the Trust

Attach 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)

7. Identity verification by your Financial Adviser or an NZ Funds employee*

Verify that the details shown by the attached 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, confirm that I

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 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 the NZ Funds 'Register of Individuals Authorised to perform CDD'.

8. 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

Title	First name	Middle name(s)	Surname

Trustee 2

Title	First name	Middle name(s)	Surname

Trustee 3

Title	First name	Middle name(s)	Surname

Trustee 4

Title	First name	Middle name(s)	Surname

Trustee Company

Name

9. 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.

10. Exception handling procedures

Please contact NZ Funds on 0800 377 2277 or via email at onboarding@nzfunds.co.nz for assistance should any exception arise.