



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



Use this form if you are acting on behalf of a client, e.g. you hold an Enduring Power of Attorney, Power of Attorney or Guardianship of a minor.

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. Client details

Account name

Are you an existing client?

If Yes, enter in your NZ Funds client number.

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2. Representative details

Name of representative

Title	First name	Middle name(s)	Surname

Relationship to client

Complete 'AML Form 1 for an Individual'.

3. Identification requirements for acting on behalf

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

- Power of attorney and certificate of non-revocation Document evidencing authority
- Birth certificate or guardianship order of a minor

4. Identity verification by your financial adviser or an NZ Funds employee*

Verify that the details shown by the attached documents correctly represent the representative's identity 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

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