

## AML for an Individual (Form 1) Electronic & documentary verification



Use this form when a person's identity is to be verified either electronically or face-to-face by your Financial Adviser or a Trusted Referee.

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	t name						
_	an existing client? er in your NZ Funds client	number.					
Name							
Title	First name	N	liddle name(s	s)		Surname	
Residen Street	itial address (not PO	box)					
Suburb			1	Fown/City			Postcode
Date of I	birth		'				
Day	Month Year		Place	of birth			
Citizens	ship(s)				Occupation	on	
. Ident	ity verification						
Please tick	k your preferred identity v	erification method be	elow.				
	ectronic identity verifies complete section 2A.						sport and/or your driver licence available.
	cumentary identity vase complete section 2B a		_	-			
	cuments certified fa				I Referee to certi	ify your documents	to complete section 2D.

- \* To complete verification, the adviser, employee or other authorised person must be listed on 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 Trusted 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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## 2A. Electronic identity verification by your Financial Adviser

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	Passpor	t numbei	r					1			Lice	nce n	umb	er									
	Passpor	t expiry o	date								Lice	nce e	xpiry	dat	е								
	Day	Month	Ye	ar			٦				Day		Mon	:h	Ye	ar				_			
	<b>D</b>				,						Lice	nce v	ersio	n nu	mbe	r							
	please pro	e, if you are vide a photo	ocopy of	the mir	or's NZ	birth cer																	
	(mandator	y) and if the	ey hold o	ne, a NZ	z passp	ort.																	
Terroris	ise my Final m Act 2009 , and disclo re	(AML/CFT	T Act) an	d any o	ther reg	ulatory re	equiren ces, my	nents (ir	ncludi nal info	ng sp	ecific a	nd ong	going e	electr	onic ic								
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To verify	ential add y your reside Bank or fi Utility do	ential addre	ess, selec	t ONE o	cumer	nt		Sky TV)				es or h							O corre	espone	dence)		
account	tant documents t number an	d show at le	east one	transac	tion or	the balan	ce. See	'What is	s a ba	nk sta						uld ind	clude	a logo	, sho	w the			
For pe	ersons un	der 18 ye	ears of	age																			
f none o	of the ID cor	mbinations a	are availa	able, ple	ease pro	vide:			li	fnone	of the	identi	ty opti	ons a	re ava	ilable	, plea	se pro	vide:				
	Full birth	certificat	е								Proc	of of t	he pa	rent	/au	ardia	n's a	ddre	SS (v	vhere t	he min	or resides)	

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## 2C. Verification by your Financial Adviser or an NZ Funds employee

	een the original documents selected, each of which represents the identity (i.e. name, date of birth redance with the AML/CFT Act. Copies of the selected documents are attached to this form.
Name of Financial Adviser / NZ Funds	employee
Signature of Financial Adviser / NZ Fur	nds employee Day Month Year
Note: This section is not to be completed by a Tru	ısted Referee.
2D. Certification by a Trusted Re	feree
Name	
l,	confirm that
I have seen the original documents selected sh	
I have signed copies of those documents and a	pove, each of which represents the identity (i.e. name, date of birth and residential address) of the applicant.  attached these to this form.  rue copies of the original documents of the applicant seen by me today.
I have signed copies of those documents and a     The copies of those documents attached are tr	attached these to this form.
<ul> <li>I have signed copies of those documents and a</li> <li>The copies of those documents attached are tr</li> <li>I am a (tick ONE of the following):</li> </ul>	attached these to this form. rue copies of the original documents of the applicant seen by me today.
I have signed copies of those documents and a     The copies of those documents attached are tr     I am a (tick ONE of the following):      Justice of the Peace	attached these to this form. rue copies of the original documents of the applicant seen by me today.  Notary Public  Registered medical doctor
I have signed copies of those documents and a     The copies of those documents attached are tr     I am a (tick ONE of the following):      Justice of the Peace  Lawyer	nattached these to this form.  rue copies of the original documents of the applicant seen by me today.  Registered medical doctor  Chartered Accountant  Registered teacher
I have signed copies of those documents and a The copies of those documents attached are tr I am a (tick ONE of the following):  Justice of the Peace  Lawyer  Trusted Referee signature	nattached these to this form.  rue copies of the original documents of the applicant seen by me today.  Registered medical doctor  Chartered Accountant  Registered teacher
I have signed copies of those documents and a The copies of those documents attached are tr I am a (tick ONE of the following):  Justice of the Peace  Lawyer  Trusted Referee signature  Note: This section is to be completed if document	Attached these to this form.  True copies of the original documents of the applicant seen by me today.  Registered medical doctor  Chartered Accountant  Day  Month  Year
I have signed copies of those documents and a     The copies of those documents attached are tr     I am a (tick ONE of the following):      Justice of the Peace      Lawyer  Trusted Referee signature  Note: This section is to be completed if document	Attached these to this form.  True copies of the original documents of the applicant seen by me today.  Registered medical doctor  Chartered Accountant  Day  Month  Year

Where an individual is unable to supply documents as required, please contact NZ Funds on 0800 377 2277 or via email at onboarding@nzfunds.co.nz.

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