NZ Funds KiwiSaver Scheme

Identity Information for a Parent or Guardian

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. Each parent or guardian signing on behalf of a minor must complete this form and provide identity documents as described below.

Use this form, if you are completing an application for a minor(s).

Once completed, attach this to the application form.

1. Applicant (minor) details

Name — minor 1

Title	First name	Middle name(s)	Surname

Name — minor 2

Title	First name	Middle name(s)	Surname

Name — minor 3

Title	First name	Middle name(s)	Surname

Name — minor 4

Title	First name	Middle name(s)	Surname

Please provide a copy of one of the following documents showing you to be a parent or the guardian of minor(s) listed above:

☐ **NZ birth certificate(s) or guardianship order(s) of a minor**

OR

☐ **Other document(s) evidencing authority**

Consent statement

I authorise my Adviser / NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act 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, the minor(s) personal information to perform such checks.

Signature	Day	Month	Year

2. Personal details — parent / guardian 1

Name

Title | First name | Middle name(s) | Surname

Relationship to minor(s)

Occupation

Are you an existing client?

If Yes, enter in your NZ Funds client number.

Date of birth

Day Month Year

Country of birth

Citizenship(s)

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Electronic identity verification (NZ residents only)

You do not need to complete this section if you are completing face-to-face documentation (AML for an Individual (Form 1a) - Documentary Verification).

If you, or the person you are completing this application on behalf of, do not have a NZ Passport or NZ Driver Licence, you must complete an AML for an Individual (Form 1a) - Documentary Verification.

Please note that if we are unable to verify your identity electronically, we will contact you.

☐ **Option A – NZ passport**

Passport number

Passport expiry date

Day Month Year

☐ **Option B – NZ driver licence**

Licence number

Licence expiry date

Day Month Year

Licence version number

Consent statement

I authorise my Adviser / NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act 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

2. Personal details — parent / guardian 2

Name

Title | First name | Middle name(s) | Surname

Relationship to minor(s)

Occupation

Are you an existing client?

If Yes, enter in your NZ Funds client number.

Date of birth

Day Month Year

Country of birth

Citizenship(s)

Residential address (not PO box)

Street

Suburb | Town / City | Postcode

Phone number(s)

Mobile | Home | Business

Email

Required for access to our client portal.

Electronic identity verification (NZ residents only)

You do not need to complete this section if you are completing face-to-face documentation (AML for an Individual (Form 1a) - Documentary Verification).

If you, or the person you are completing this application on behalf of, do not have a NZ Passport or NZ Driver Licence, you must complete an AML for an Individual (Form 1a) - Documentary Verification.

Please note that if we are unable to verify your identity electronically, we will contact you.

☐ **Option A – NZ passport**

Passport number

Passport expiry date

Day Month Year

☐ **Option B – NZ driver licence**

Licence number

Licence expiry date

Day Month Year

Licence version number

Consent statement

I authorise my Adviser / NZ Funds to conduct identity checks for the purpose of complying with the AML / CFT Act 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