

AML Identity verification form

Aon KiwiSaver Scheme

Use this form if we need to verify your identity.

We are required to verify your identity for the purposes of the Anti-Money Laundering & Countering Financing of Terrorism Act 2009.

This form is to be completed if we haven't previously verified your identity and:

- You are applying to make a withdrawal, or
- In certain circumstances including when you are making a lump sum contribution

Note: Your contribution will not be allocated to your account until any required AML documentation has been received. There will be no interest on the contribution.

If you do not have an address in New Zealand (or other AML/CFT compliant country) you may be required to provide additional information.

Instructions for getting your identity verified

Step 1: Complete your personal details in Section A

Step 2: Choose one of the identity document options in Section C.

Step 3: Take this form, your original identity documents and photocopies of your identity documents to:

- a trusted referee to have your identity documents certified. See Section D for who can be a trusted referee. Section D also provides details on what this person must do.

OR

- a Fisher Funds employee (who is not related to you) or a financial adviser who is authorised to act on Fisher Funds' behalf to verify your identity. Section E provides details on what this person must do.

Step 4: Return this completed form, as well as the certified photocopies of your identity documents, by email to aonkiwisaver@linkmarketservices.com or post to:

Freepost Aon Retirement Saving, Aon KiwiSaver Scheme, PO Box 332, Shortland St, Auckland 1140

If you have any questions about completing this form, please call 0800 266 463.

Section A: Your personal details

IRD number - -

Member number **A** **O** **N**

Date of birth / /

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Residential address Postcode

Postal address (if different) Postcode

Direct phone Mobile

Email

Citizenship

Section B: Privacy

The personal information you are providing in this form, (or in connection with this form) is being collected for the main purpose of effectively administering and managing your Aon KiwiSaver Scheme account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your application. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Fisher Funds). The information may be used by, and disclosed to the supervisor, the Manager (Aon Saver Limited), the Administration Manager, or other entity involved in the administration and management of the Aon KiwiSaver Scheme (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Aon Saver Limited), whose address is PO Box 332 Shortland Street, Auckland 1140, and will be held by Link Market Services Limited who you can contact at PO Box 332 Shortland Street, Auckland 1140. You can request access to your personal information and can ask that it is corrected by calling 0800 266 463.

Section C: Identity documents including address verification

In order to verify your name, date of birth and residential address you must choose from one of the following options.

Option 1

- The identity page of a current passport, or
- New Zealand firearms licence, or
- New Zealand certificate of identity, or
- An emergency travel document issued under the Passports Act 1992

and proof of residential address:

- Utility bill (not older than 6 months), or
- Bank statement (not older than 12 months), or
- Inland Revenue statement (not older than 12 months)

Option 2

- Current New Zealand driver licence (photocopy both sides if the expiry date is on the back), or
- 18+ card, or
- A valid and current international driving permit

and one of the following:

- New Zealand birth certificate, or
- Certificate of New Zealand citizenship

and proof of residential address:

- Utility bill (not older than 6 months), or
- Bank statement (not older than 12 months), or
- Inland Revenue statement (not older than 12 months)

Option 3

- Current New Zealand driver licence (photocopy both sides if the expiry date is on the back)

and one of the following:

- Confirmation that the information presented on the driver licence is consistent with records held in the New Zealand Driver Licence Register, or
- Bank account statement issued to you by a registered New Zealand bank in the last 12 months, or
- A statement issued to you in the last 12 months by a government agency (e.g. Inland Revenue) that contains your name

and proof of residential address:

- Utility bill (not older than 6 months), or
- Bank statement (not older than 12 months), or
- Inland Revenue statement (not older than 12 months)

If you are unable to provide any of the above documents please contact us for assistance.

Section D: Document certification by a trusted referee

For face to face identity verification by a Fisher Funds employee or financial adviser, skip to Section E below.

Who can be a trusted referee?

A trusted referee must be one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Member of the police | <input type="checkbox"/> Registered medical doctor | <input type="checkbox"/> Registered teacher |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> New Zealand Honorary Consul | <input type="checkbox"/> Chartered accountant |
| <input type="checkbox"/> Justice of the peace | <input type="checkbox"/> Kaumatua | <input type="checkbox"/> Minister of religion |
| <input type="checkbox"/> Notary public | <input type="checkbox"/> Member of Parliament | |
| <input type="checkbox"/> A person who has the legal authority to take statutory declarations | | |
| <input type="checkbox"/> Commonwealth representative (under the Oaths and Declarations Act) | | |

Please note that the trusted referee must be over 16 years of age, not related to you e.g. parent, child, brother, sister, aunt, uncle or cousin, and cannot be someone living at the same address as you. The certification needs to be carried out in the three months prior to the date of the presentation of the documents.

The trusted referee must:

- view both copies and originals of the identity documents and complete the trusted referee certification statement below, and
- write on the copy of the identity documents his or her full name, signature and date, and attach copies to this completed form.

Trusted referee certification statement

I have sighted the original documents as detailed previously, each of which represents the identity of

Individual's name

I confirm that the copies of those documents as attached are true copies of the original documents of the above named individual that has been sighted by me today. **The trusted referee verifying the identity documents must also write his or her name, signature and date on the photocopies attached.**

Full name of trusted referee

Designation of trusted referee
(from the list above)

Signature of trusted referee Date //

Section E: Verification of identity by a Fisher Funds employee or financial adviser authorised by Fisher Funds

You are able to have your identity verified by a Fisher Funds employee (who is not related to you), or a financial adviser who has been authorised to do so on Fisher Funds' behalf.

This person must:

- view both copies and originals of the identity documents, and complete the verification of identity statement below, and
- write on the copy of the identity documents his or her full name, signature and date, and attach copies to this completed form.

Verification of identity statement

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 AML/CFT Act 2009.

Name of adviser

Signature of adviser

Date

/ /

Section F: Checklist

I have:

- completed sections A and C of the form
- had a trusted referee complete the certification statement in Section D **or** had a Fisher Funds employee/financial adviser complete the statement in Section E
- ensured that this person has written his or her name, signature and date on the photocopies of my identity documents
- attached the certified or verified copies of my identity documents to this form

Please return the completed form and documentation by email to aonkiwisaver@linkmarketservices.com or post to:

Freepost Aon Retirement Saving

Aon KiwiSaver Scheme, P O Box 332, Shortland St, Auckland 1140.

If you have any questions please call 0800 266 463.