

AML Identity verification form

Aon KiwiSaver Scheme

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 by natural persons with an address in New Zealand (or other AML/CFT compliant country) for identity verification purposes including where you are:

- Applying to make a withdrawal
- Making a lump sum contribution of an amount up to \$30,000. Further information is required for any amounts of \$30,000 or more.

Instructions for completing this form

Step 1: Complete your personal details in Section A

Step 2: Choose one of the identification options in Section B and make photocopies of your relevant identity documents

Step 3: Take both photocopies and original identification documents to a Trusted Referee to have them certified (refer to Section C) or to an Aon Employee, or an Authorised Financial Advisor or Registered Financial Advisor (who is authorised to act on Aon's behalf) to have them verified (refer to Section D).

Step 4: Post this completed form, as well as your certified copies of identification documents to us at:

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 AON INFO (0800 266 463).

Section A: Your personal details

IRD number - -

Member number

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

I confirm that the nature of this investment in the Aon KiwiSaver Scheme is to make provision for retirement (please tick)

Privacy

The information in this form is being collected for the purposes of meeting the requirements under the Anti-Money Laundering & Countering Financing of Terrorism Act 2009. The information is being collected by Aon Saver Limited whose address is Level 16, AMP Centre, 29 Customs St West, Auckland and will be held by Link Market Services Limited at Level 11, Deloitte Centre, 80 Queen Street, Auckland. It may be used by and disclosed to the Manager and the Supervisor of the Scheme and to third parties including as required to meet the requirements under the Anti-Money Laundering & Countering Financing of Terrorism Act 2009. You can ask to see the personal personal information that Link holds about you and can ask to correct that personal information by calling 0800 266 463.

Section B: Identity documents including address verification

In order to verify your identity, you must provide proof of your identity and residential address from **only one** of the identification options below:

<p>Option 1</p> <p><input type="checkbox"/> The identity page of a current passport, or</p> <p><input type="checkbox"/> New Zealand Firearms licence</p> <p>and residential address verification:</p> <p><input type="checkbox"/> Utility bill (not older than 6 months), or</p> <p><input type="checkbox"/> Bank statement (not older than 12 months), or</p> <p><input type="checkbox"/> Inland Revenue statement (not older than 12 months)</p>	<p>Option 2</p> <p><input type="checkbox"/> Current New Zealand Driver Licence, or</p> <p><input type="checkbox"/> 18+ Card</p> <p>and one of the following:</p> <p><input type="checkbox"/> Birth Certificate, or</p> <p><input type="checkbox"/> Certificate of New Zealand Citizenship</p> <p>and residential address verification:</p> <p><input type="checkbox"/> Utility bill (not older than 6 months), or</p> <p><input type="checkbox"/> Bank statement (not older than 12 months), or</p> <p><input type="checkbox"/> Inland Revenue statement (not older than 12 months)</p>	<p>Option 3</p> <p><input type="checkbox"/> Current New Zealand Driver Licence</p> <p>and one of the following:</p> <p><input type="checkbox"/> ATM (EFTPOS), debit or credit card issued by a New Zealand registered bank (provided your name and signature is on the card), or</p> <p><input type="checkbox"/> Bank statement, or</p> <p><input type="checkbox"/> Government Agency document</p> <p>and residential address verification:</p> <p><input type="checkbox"/> Utility bill (not older than 6 months), or</p> <p><input type="checkbox"/> Bank statement (not older than 12 months), or</p> <p><input type="checkbox"/> Inland Revenue statement (not older than 12 months)</p>
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If you are unable to provide any of the above documents please contact us for assistance.

Section C: Document certification (for identity verification by an Aon Employee, AFA or RFA refer to Section D)

For face to face identity verification by an Aon employee, approved AFA or RFA, skip to Section D below.

Otherwise, the **copies of your identity documents must be certified by a Trusted Referee** selected from the list below.

- | | | |
|--|---|--|
| <input type="checkbox"/> Commonwealth representative | <input type="checkbox"/> Member of Parliament | <input type="checkbox"/> Registered Medical Doctor |
| <input type="checkbox"/> Police Constable | <input type="checkbox"/> Kaumatua | <input type="checkbox"/> Minister or Religion |
| <input type="checkbox"/> Notary Public | <input type="checkbox"/> NZ Honorary Consul | <input type="checkbox"/> Chartered Accountant |
| <input type="checkbox"/> Registered teacher | <input type="checkbox"/> Justice of the Peace | <input type="checkbox"/> Lawyer |
- Person who has the legal authority to take statutory declarations or the equivalent in New Zealand

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 on the following page, and**
 - **write on the copy of the identity documents his or her full name, signature and date, and attach copies to this completed form.**
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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 photocopy attached.**

Full name of Trusted Referee

Signature of Trusted Referee

Date / /

Section D: Verification of identity by an approved AFA, RFA or Aon Employee

You are able to have your identity verified by an Aon Employee, or an Authorised Financial Advisor, or Registered Financial Advisor who has been authorised to do so on Aon's 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 E: Checklist

I have:

- completed sections A and B of the form
- attached certified or verified copies of identity documents as in Section B
- had a Trusted Referee complete the certification statement in Section C **or** had an Aon Employee/AFA/RFA complete the statement in Section D
- ensured that for both Section C and Section D that the individual verifying the original identification documents has written his or her name, signature and date on the photocopy
- included a certified copy of proof of residential address - as detailed in Section B, e.g. a bank statement or utility bill

Please return the completed form and documentation to:

Freepost Aon Retirement Saving

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

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