

AML form for someone acting on behalf of another person

Aon KiwiSaver Scheme

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

Use this form if you are making a third party withdrawal application from a Member's account

Instructions for completing this form

- Step 1:** Complete the details of the person you are acting on behalf of in Section A
- Step 2:** Complete your personal details in Section B, and details of your proof of authority to act for the member in Section C
- Step 3:** Choose one of the identification options in Section D and make photocopies of your relevant identity documents
- Step 4:** Take both photocopies and original identification documents to a Trusted Referee to have them certified (refer to Section E) 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 F).
- Step 5:** 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: Details of person you are acting on behalf of

Title: Mr Mrs Miss Ms Other

First name(s) Surname

Member number

Date of birth / /

Section B: Your personal details

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Date of birth / /

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)

Section C: Proof of authority to act

Your relationship to the person named in Section A

We require you to provide certified copies of documents provided as proof of authority to act on behalf of the above person e.g., grant of probate, marriage certificate, letters of administration, birth certificate if you are acting on behalf of a minor.

Name of document provided

Section D: 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:

Option 1

- The identity page of a current passport, or
- New Zealand Firearms licence

and residential address verification:

- 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, or
- 18+ Card

and one of the following:

- Birth Certificate, or
- Certificate of New Zealand Citizenship

and residential address verification:

- 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

and one of the following:

- ATM (EFTPOS), debit or credit card issued by a New Zealand registered bank (provided your name and signature is on the card), or

- Bank statement, or
- Government Agency document

and residential address verification:

- 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 E: Document certification (for identity verification by an Aon Employee, AFA or RFA refer to Section F)

For face to face identity verification by an Aon employee, approved AFA or RFA, skip to Section F 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 |
| <input type="checkbox"/> 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.

Section E: Document certification (continued)

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.

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 F: 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 / /

Please complete the checklist on the following page.

Section F: Checklist

I have:

- completed sections A, B C and D of the form
- attached certified or verified copies of identity documents as in Section D
- had a Trusted Referee complete the certification statement in Section E **or** had an Aon Employee/AFA/RFA complete the statement in Section F
- ensured that for both Section E and Section F 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 D, e.g. a bank statement or utility bill not more than 3 months old
- attached a certified copy of proof of authority (e.g. grant of probate, letters of administration, birth certificate if acting on behalf of a minor)

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).

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 information that Link holds about you and can ask to correct that personal information by calling 0800 266 463.