

AML Identity verification form

Aon Master Trust

Use this form if we need to verify your identity.

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:** Please return the completed form, as well as the certified photocopies of your identity documents, by email to amt@linkmarketservices.com, or post to:

Aon Master Trust, PO Box 332, Shortland St, Auckland 1140

If you have any questions about completing this form, please call 0800 266 268.

Section A: Your personal details	
IRD number	Member number AON
Date of birth / / / / / / / / / / / / / / / / / / /	
Title: Mr Mrs Miss Ms Other	
Given name(s)	Surname
Residential address	Postcode Postcode
Postal address (if different)	Postcode Postcode
Direct phone	Mobile
Email	
Citizenship	

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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 Master Trust 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 Manager and Trustee (Superannuation Management Nominees Limited), the Administration Manager, or other entity involved in the administration and management of the Aon Master Trust (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 (Superannuation Management Nominees 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 266 268.

Section C: Identity documents

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

Option 1 Option 2 Option 3 ☐ Current New Zealand driver ☐ The identity page of a current ☐ Current New Zealand driver licence (photocopy both sides if passport, or licence (photocopy both sides if the expiry date is on the back) the expiry date is on the back), or ☐ New Zealand firearms licence, or and one of the following: \square 18+ card, or □ New Zealand certificate of □ Confirmation that the information identity, or ☐ A valid and current international presented on the driver licence driving permit ☐ An emergency travel document is consistent with records held in issued under the Passports Act and one of the following: the New Zealand Driver Licence 1992 Register, or □ New Zealand birth certificate, or and proof of residential address: ☐ Bank account statement issued to ☐ Certificate of New Zealand you by a registered New Zealand ☐ Utility bill (not older than 6 citizenship bank in the last 12 months, or months), or and proof of residential address: ☐ A statement issued to you in the ☐ Bank statement (not older than ☐ Utility bill (not older than 6 last 12 months by a government 12 months), or months), or agency (e.g. Inland Revenue) that ☐ Inland Revenue statement (not contains your name ☐ Bank statement (not older than older than 12 months) 12 months), or and proof of residential address: ☐ Inland Revenue statement (not ☐ Utility bill (not older than 6 older than 12 months) months), or ☐ Bank statement (not older than 12 months), or ☐ Inland Revenue statement (not

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

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older than 12 months)

Section D: Document certification by a trusted referee

For face to face identity verification by a Fisher Funds employee (who is not related to you), or a financial adviser who is authorised to act on Fisher Funds' behalf, skip to section E.

Who can be a trusted referee?						
A trusted referee must be one of the following:						
☐ Member of the police	☐ Registered medical doctor	☐ Registered teacher				
□ Lawyer	☐ New Zealand Honorary Consul	☐ Chartered accountant				
☐ Justice of the peace	□ Kaumatua	☐ Minister of religion				
□ Notary public	☐ Member of Parliament					
\Box A person who has the legal authority to take	statutory declarations					
\Box Commonwealth representative (under the O	aths and Declarations Act)					
Please note that the trusted referee must be or cousin, and cannot be someone living at the prior to the date of the presentation of the doc	e same address as you. The certification i					
What does this person need to do?						
The trusted referee must:						
• view both copies and originals of the identi	ity documents and complete the trusted	referee certification statement below, and				
 write on the copy of the identity document completed form. 	ts his or her full name, signature and date	e, and attach copies to this				
Trusted referee certification statement						
I have sighted the original documents as deta	ailed previously, each of which represent	ts the identity of				
Individual's name	Individual's name					
I confirm that the copies of those documents individual that has been sighted by me today		nal documents of the above named				
Full name of trusted referee						
Designation of trusted referee (from the list above)						
Signature of trusted referee		Date//				

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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 is authorised to act on Fisher Funds' behalf to verify your identity.

What does this person need to do?

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	
Name of Fisher Funds employee/ financial adviser	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.
Signature of Fisher Funds employee or financial adviser (please circle)	Date / / /

I hav	e:	
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	complete	a secu	ions a	and C.	or the	TOTT

□ had a trusted referee complex	plete the certification	statement in se	ection D or	had a Fisher I	Funds employe	e/financial adv	iser complete
the verification of identity	statement in section I						

□ 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 amt@linkmarketservices.com, or post to:

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