

AML form for someone acting on behalf of another person

Aon Master Trust

Use this form if you are applying to make a withdrawal from another person's Aon Master Trust account.

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

Instructions for getting your identity verified

- 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 identity document options in Section D
- **Step 4:** 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 E for who can be a trusted referee. Section E also provides details on what this person must do.

OF

- 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 F provides details on what this person must do.
- **Step 5:** Return this 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: Details of person you are acting on behalf of

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

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Section C: Proof of authority to act		
Your relationship to the person named in	Section A	
We require you to provide certified copie Enduring Power of Attorney, birth certifica	s of documents provided as proof of authorit ate if you are acting on behalf of a minor.	ry to act on behalf of the above person e.g.
Name of document provided		
Section D: Identity documents includ	ing address verification provide proof of your identity and residential	address from only one of the following
Option 1	Option 2	Option 3
☐ The identity page of a current passport, or	☐ Current New Zealand driver licence (photocopy both sides if	☐ Current New Zealand driver licence (photocopy both sides if the expiry date is on the back)
☐ New Zealand firearms licence, or	the expiry date is on the back), or	and one of the following:
□ New Zealand certificate of identity, or	☐ A valid and current international	☐ Confirmation that the information presented on the driver licence
□ 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	driving permit and one of the following:	is consistent with records held in the New Zealand Driver Licence Register, or
	☐ New Zealand birth certificate, or	
	citizenship you by a registered New Z	☐ Bank account statement issued to you by a registered New Zealand
	and proof of residential address:	bank in the last 12 months, or
	☐ Utility bill (not older than 6 months), or	☐ A statement issued to you in the last 12 months by a government agency (e.g. Inland Revenue) that contains your name
□ Inland Revenue statement (not older than 12 months)	☐ Bank statement (not older than 12 months), or	
		and proof of residential address:
	☐ Inland Revenue statement (not older than 12 months)	☐ 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.

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Section E: Document certification by a trusted referee

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

Who can be a trusted referee?		
A trusted referee must be one of the following	j :	
☐ 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	
\square A person who has the legal authority to take	e statutory declarations	
□ Commonwealth representative (under the	Daths and Declarations Act)	
Please note that the trusted referee must be o or cousin, and cannot be someone living at the prior to the date of the presentation of the do	e same address as you. The certification ne	
What does this person need to do?		
The trusted referee must:		
• view both copies and originals of the iden	tity documents and complete the trusted re	eferee certification statement below, and
 write on the copy of the identity documer completed form. 	nts his or her full name, signature and date,	and attach copies to this
Trusted referee certification statement		
I have sighted the original documents as de	tailed previously, each of which represents	the identity of
Individual's name		
I confirm that the copies of those documen individual that has been sighted by me toda		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 F: 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.

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				
	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:			
1	□ completed sections A, B, C and D of the form			
□ had a trusted referee complete the certification statement in Section E or had a Fisher Funds employee/financial adviser complete the statement in Section F				
□ ensured that this person has written his or her name, signature and date on the photocopies of my identity documents				
ı	□ attached the certified or verified copies of my identity documents to this form			
	□ attached a certified copy of proof of authority (e.g. Enduring Power of Attorney, birth certificate if acting on behalf of a minor)			
	Please return the completed form and documentation 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 266 463 or email amt@linkmarketservices.com.			

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 the member's 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.

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