

AML Identity verification form

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 \$10,000. Further information is required for any amounts of \$10,000 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 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:

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 1. Your Member Number Mrs Miss Ms Mr 2. Your Name First Name(s) Surname _____ 3. Date of birth Residential Address 5. Postal Address (if different) Street Address PO Box Suburb or RD Suburb or RD Town or City Town or City Postcode Postcode Citizenship I confirm that the nature of this investment in this Scheme is to make provision for retirement (please tick) The information in this form is being collected for the purposes of meeting our requirements under the Anti-Money Laundering & Countering

Financing of Terrorism Act 2009 and it will be held by Aon New Zealand. It may be disclosed to third parties to meet our requirements under the Anti-Money Laundering & Countering Financing of Terrorism Act 2009.

You can ask to see the personal information that Aon holds about you by calling us on 0800 266 268.

Section B Identity docum	nents including address verification	
In order to verify your identity, you identification options below:	must provide proof of your identity and resid	lential address from only one of the
Option 1	Option 2	Option 3
The identity page of a current passport, or	Current New Zealand Driver Licence, or	Current New Zealand Driver Licence
New Zealand Firearms licence	18+ Card	and one of the following:
and residential address verification:	and one of the following:	ATM (EFTPOS), debit or credit card issued by a New Zealand registered
Utility bill (not older than 6 months), or	Birth Certificate, or	bank (provided your name and signature is on the card), or
Bank statement (not older tha 12 months), or	Certificate of New Zealand Citizenship	Bank Statement, or
Inland Revenue statement (no older than 12 months)	and residential address verification:	Government Agency document
	Utility bill (not older than 6 months), or	and residential address verification:
	Bank statement (not older than 12 months), or	Utility bill (not older than 6 months), or
	Inland Revenue statement (not older than 12 months)	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 a	assistance.
Section C Document certification (for identity verification by an Aon Employee refer to Section D)		
-	by an Aon employee, skip to Section D belo	
Commonwealth representa	ntity documents must be certified by a Trustive Member of parliament	Registered Medical Doctor
Police Constable	Kaumatua	Minister of Religion
Notary Public	NZ Honorary Consul	Chartered Accountant
Registered teacher	Justice of the Peace	Lawyer
Person who has the legal authority to take statutory declarations or the equivalent in New Zealand		
aunt, uncle or cousin, and cannot b	must be over 16 years of age, not related to ge someone living at the same address as you e of the presentation of the documents.	
below, and	of the identity documents and complete the	
• write on the copy of the identity completed form.	y documents his or her full name, signature a	and date, and attach copies to this
Trusted Referee Certification Sta	tement	
I have sighted the original docur previously, each of which repres	ents the identity of	<i>II.</i>
I confirm that the copies of those individual that has been sighted	e documents as attached are true copies of the by me today.	ne original documents of the above named
Full name of Trusted Re	feree Signature of Truste	ed Referee Date

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Section D	Verification of identity by an Aon Employee	
You are able t	to have your identity verified by an Aon Employee.	
and • write on complete	the copies and originals of the identity documents, and complete the verification of identity statement below, the copy of the identity documents his or her full name, signature and date, and attach copies to this ed 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	
Signatur	re of adviser Date	
Section E	Checklist	
I have	Completed all sections 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 complete the statement in Section D	
	Included a certified copy of your proof of residential address - as detailed in Section B, e.g. a bank statement or utility bill	
Please retui	rn the completed form and documentation to:	
Please return the completed form and documentation to: Aon Master Trust, PO Box 332, Shortland Street, Auckland 1140		
If you have any questions about completing this form, please call 0800 266 268.		

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