

# AML form for someone acting on behalf of another person

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 acting on behalf of someone else, including in the following circumstances:

- Making a lump sum contribution on behalf of a member of the Scheme
- Making a third party withdrawal application (for example death benefit) 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 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:  
 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

1. Name  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_  
 First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

2. Member Number

### Section B Your personal details

3. Your Name  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_  
 First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_

4. Date of birth \_\_\_\_\_

5. Residential Address	6. Postal Address (if different)
Street Address _____	PO Box _____
Suburb or RD _____	Suburb or RD _____
Town or City _____	Town or City _____
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7. Citizenship \_\_\_\_\_

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

## Section C Proof of authority to act

8. Your relationship to person named above \_\_\_\_\_

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, letters of administration, birth certificate if you are acting on behalf of a minor

9. Name of document provided \_\_\_\_\_

## Section D Identity documents including address verification

In order to verify your identity, you must provide proof of your identity 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:

- New Zealand 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:

- Credit, debit or EFTPOS card with your name embossed, 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 refer to Section F)

For face to face identity verification by an Aon employee 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 of 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                    |

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 needs to view both copies and originals of the identity documents and complete the Trusted Referee certification statement on the following page.

### 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.

\_\_\_\_\_  
*Full name of Trusted Referee*                      *Signature of Trusted Referee*                      *Date*

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### Section F Verification of identity by an Aon employee

You are able to have your identification documents verified by an Aon employee.

This person needs to sight your original identification documents, verify that the details shown on the documents correctly represent your identity information (i.e. name, date of birth and residential address), then photocopy and attach copies to this completed form before signing and dating the statement below.

#### Verification of Identity Statement

I, \_\_\_\_\_ have sighted documents provided (copies of which are attached to this form), and  
*Name of adviser* have used those documents to verify client identity information as is required by the AML/CFT Act 2009

\_\_\_\_\_  
*Signature of adviser*                      *Date*

### Section G Checklist

- I have
- Completed all sections 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 complete the statement in Section F
  - Included a certified copy of your proof of residential address - as detailed in Section D, e.g. a bank statement or utility bill
  - 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:  
Aon Master Trust, PO Box 332, Shortland Street, Auckland 1140

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

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.