

## 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 above \$10,000. Further information is required for any amounts of \$30,000 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 MJW Employee, or an Authorised Financial Advisor or Registered Financial Advisor (who is authorised to act on MJW behalf) 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:

BCF KiwiSaver Scheme, C/- MJW, PO Box 11330, Wellington 6142

If you have any questions about completing this form, please call 0800 BCF INFO (0800 223 4636).

### Section A Your personal details

1. Your Member Number

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

3. Date of birth \_\_\_\_\_

4. Residential Address  
Street Address \_\_\_\_\_  
Suburb or RD \_\_\_\_\_  
Town or City \_\_\_\_\_  
Postcode

5. Postal Address (if different)  
PO Box \_\_\_\_\_  
Suburb or RD \_\_\_\_\_  
Town or City \_\_\_\_\_  
Postcode

6. Citizenship \_\_\_\_\_

☐ I confirm that the nature of this investment in this KiwiSaver 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 MJW. 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 MJW holds about you by calling us on 0800 223 4636.

## Section B 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 (that is not more than 3 months old):**

☐ Bank statement

☐ Utility Bill

☐ Inland Revenue statement

### 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 (that is not more than 3 months old):**

☐ Bank statement

☐ Utility Bill

☐ Inland Revenue statement

### 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 (if not included above that is not more than 3 months old):**

☐ Bank statement

☐ Utility Bill

☐ Inland Revenue statement

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

## Section C Document certification (for identity verification by a MJW Employee, AFA or RFA refer to Section D)

For face to face identity verification by an MJW employee, approved AFA or RFA, skip to Section D below.

Otherwise, the **copies of your identity documents must be certified** by a Trusted Referee selected from the list below.

☐ Commonwealth representative

☐ 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

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 must:

- view both copies and originals of the identity documents and complete the Trusted Referee certification 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.

### 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*

## Section D Verification of identity by an approved AFA, RFA or MJW Employee

You are able to have your identity verified by an MJW Employee, or an Authorised Financial Advisor, or Registered Financial Advisor who has been authorised to do so on behalf of MJW.

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  
*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 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 MJW Employee/AFA/RFA complete the statement in Section D
- ☐ Ensured that for both Section C and Section D 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 your proof of residential address - as detailed in Section B, e.g. a bank statement or utility bill not more than 3 months old

Please return the completed form and documentation to:

BCF KiwiSaver Scheme, C/- MJW, PO Box 11 330, Wellington 6142

If you have any questions about completing this form, please call 0800 223 4636.