

Acting on behalf Identity verification form

This form can be completed on-screen by typing content directly into the PDF document. Please use block letters if you're not completing this form online. Once you have completed the applicable sections, please print and ensure the declaration is completed and signed. Please send this form and supporting documents to the address above.

(a) AMP Life customer name and product details

First name(s) <input type="text"/>	Last name <input type="text"/>	Date of birth <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y											
AMP Life product name <input type="text"/>	AMP Life plan or policy number (if known) <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																	

(b) Your personal details (i.e. person acting on behalf)

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	Date of birth <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
First name(s) <input type="text"/>	Surname <input type="text"/>								
Organisation (where applicable) <input type="text"/>									
Residential address <input type="text"/>	Postal address (if different from residential address) <input type="text"/>								
Please provide at least one contact number									
Home phone <input type="text"/>	Work phone <input type="text"/>	Mobile phone <input type="text"/>							
Email address <input type="text"/>									
Relationship to the customer <input type="text"/>									

(c) Basis of authority to act and evidence required

Have you previously provided AMP Life with evidence of your authority to act? Yes No

If "Yes" and:

a) The basis of your authority to act is an Enduring Power of Attorney in Relation to Property or a General/Ordinary Power of Attorney, a new certificate of Non-Revocation is required each time you liaise with AMP Life;

b) Another type of authority to act was previously supplied in relation to the customer and product set out in section (a), no further evidence is required.

If authority has been supplied in relation to the above customer but for a different product, please state other AMP Life product name or account number:

If "No" please provide evidence as stated below.

Tick one:

Type of authority	Evidence (if not previously supplied, please attach to this form)
<input type="checkbox"/> Power of Attorney	Power of Attorney and Certificate of non-revocation (for a copy of this document please visit amplife.co.nz/amp/forms)
<input type="checkbox"/> Parent or guardian of minor	Birth certificate of minor / Guardianship order
<input type="checkbox"/> Other (please state) _____	Document evidencing authority (e.g. court order for appointing a Property Manager)

(d) Your identity documents

Proof of identity

Please complete one of the options listed below and attach copies of the requested document(s).

Please tick which document you are providing.

Option 1 ONE document from this section

<input type="checkbox"/> NZ passport (identity page)	<input type="checkbox"/> NZ firearms license
<input type="checkbox"/> Overseas passport (identity page)	<input type="checkbox"/> NZ certificate of identity

OR

Option 2 NZ driver licence **PLUS** (ONE of the following)

<input type="checkbox"/> Super Gold card
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government
<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> Bank statement or IRD statement issued in your name in the last six months

OR

Option 3 18+ identity card **PLUS** (ONE of the following)

<input type="checkbox"/> NZ full birth certificate/Birth certificate issued by foreign government
<input type="checkbox"/> NZ citizenship certificate/Citizenship certificate issued by foreign government

Proof of address

Please provide one of the documents below as proof of your **residential address**. The document must be **addressed to you**, and dated within the **last six months**.

- Letter or invoice from utility company (eg. electricity, gas, phone, Sky TV)
- Bank Statement
- Insurance policy or investment portfolio document
- Current rental tenancy agreement
- Letter from government agency (e.g. Inland Revenue, rates bill, vehicle registration)

IMPORTANT:

1. If you are providing previously certified identity documents, please ensure the documents have been certified not more than three months prior.
2. Please attach only certified copies of the original documents to this form.

(e) Certify your documents

Certifying within New Zealand

DECLARATION BY TRUSTED REFEREE, AMP LIFE EMPLOYEE OR ADVISER (CERTIFYING IN NEW ZEALAND)

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (d) above verifying the identity and address of the person named in section (b) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
 - The documents that have been provided represent the identity of the person named in section (b) of this form.
 - I am a **(tick one of the following)**

<input type="checkbox"/> New Zealand Lawyer	<input type="checkbox"/> Justice of the Peace
<input type="checkbox"/> Chartered Accountant	<input type="checkbox"/> Police Constable
<input type="checkbox"/> Registered Medical Doctor	<input type="checkbox"/> Registered Teacher
<input type="checkbox"/> Fellow of the New Zealand Institute of Legal Executives	
<input type="checkbox"/> Registrar or Deputy Registrar of the High Court or a District Court	
<input type="checkbox"/> AMP Life employee or Adviser (and AMP Life has authorised me to be its agent to conduct AML customer due diligence on its behalf)	
 - I am not related to and do not live at the same address as the person named in section (b) of this form.

Signature of trusted referee, AMP Life employee or adviser

SIGN HERE

Dated

D	D	M	M	Y	Y	Y	Y
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Certifying outside of New Zealand

When certifying documents outside of New Zealand, your trusted referee must be a person who is authorised to take **statutory declarations** under the laws of the country, state or territory where the documents are being certified.

For more guidance please contact your Adviser or AMP Life.

DECLARATION BY TRUSTED REFEREE (OUTSIDE NEW ZEALAND)

- I, confirm that
- I have sighted today the original of each document identified with a tick in section (d) above verifying the identity and address of the person named in section (b) of this form, and attached to this statement are true copies of those documents **initialled and dated** by me.
 - The documents that have been provided represent the identity of the person named in section (b) of this form.
 - I am a
 - In this capacity, I am authorised to take statutory declarations under the Laws of
 - I am not related to and do not live at the same address as the person named in section (b) of this form.

Signature of trusted referee

SIGN HERE

Dated

D	D	M	M	Y	Y	Y	Y
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