



# Acting on behalf Identity verification form

Please send this completed form and supporting documents to:

**AMP Customer Services**  
**Freepost 170, PO Box 55**  
**Shortland Street, Auckland 1140**

Please call us on **0800 808 267** if you have any queries.

\*These fields must be completed

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.

## (1) AMP customer name and product details

\*Full customer name

AMP product name (required)

AMP policy/portfolio number (if known)

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

Title

 Mr  Mrs  Ms  Miss  Dr  Other 

\*Date of birth

\*First name(s)

\*Surname

Organisation (where applicable)

\*Residential address

\*Postal address

\*Please provide at least one contact number

Home phone

Work phone

Mobile phone

\*Email address

Relationship to the customer

## (3) Basis of authority to act and evidence required

Have you previously provided AMP with evidence of your authority to act?

Yes  No

If "No" please provide evidence as stated below.

If "Yes", and authority has been previously supplied in relation to the above customer and product, no further evidence is required. If authority has been previously supplied in relation to the above customer but for a different product, please state other AMP product name or account number:

Tick one:

### Type of authority

- Power of Attorney
- Parent or guardian of minor
- Other (please state)

### Evidence (if not previously supplied, please attach to this form)

- Power of Attorney and Letter of non-revocation
- Birth certificate of minor / Guardianship order
- Document evidencing authority

#### (4) Provide your identification to verify your identity and address

Please complete option 1 in the table below and attach copies of the requested document (please tick which document you are providing). If you cannot provide a document from option 1, then complete option 2 or 3.

**Option 1:** ONE document from this section

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

**Option 2:**  NZ Driver's Licence **PLUS** (ONE of the of the documents from this section)

<input type="checkbox"/> Super Gold card	<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	<input type="checkbox"/> Bank statement or Inland Revenue statement issued in your name in the last 6 months

**Option 3:**  18+ identity card **PLUS** (ONE of the documents from this section)

<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
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**IMPORTANT:** If you are providing previously certified identity documents, please ensure the documents have been certified not more than 3 months prior. Please attach only the certified photocopies of the original documents to this application.

#### Proof of address

As well as providing your identity documents you must also supply proof of your address. Tick one document option from this section. The document you supply needs to be addressed to you at the **residential address** detailed in section (2) and dated within the last 6 months.

Letter or invoice from utility company  Bank statement

Letter from government agency (e.g. Inland Revenue, rates bill)

#### (5) Certify or verify your identity and address documents

Your identity and address documents can be:

- Certified by a trusted referee (use the first box below), **or** verified by an Adviser/AMP Employee acting as agent of AMP (use the second box below)

##### DECLARATION BY TRUSTED REFEREE

I,  confirm that

- I have sighted today the original of each document identified with a tick in section (4) above verifying the identity and address of the person named in section (2) 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 (2) 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"/> Notary public	<input type="checkbox"/> Registered medical doctor
<input type="checkbox"/> Chartered accountant	<input type="checkbox"/> Police constable	<input type="checkbox"/> Registered teacher	<input type="checkbox"/> Kaumātua
<input type="checkbox"/> Member of Parliament	<input type="checkbox"/> Minister of religion	<input type="checkbox"/> Commonwealth representative	<input type="checkbox"/> NZ Honorary Consul

- I am not related to and do not live at the same address as the person named in section (2) of this form.

**Signature of trusted referee**

Dated

**OR**

##### DECLARATION BY ADVISER /AMP EMPLOYEE (AS AGENT OF AMP)

I,   confirm that

- I have sighted today the original of each document identified with a tick in section (4) above verifying the identity and address of the person named in section (2) of this form, and attached to this statement, are true copies of those documents initialled and dated by me.
- I have no reason to believe that this person is not who he/she claims to be.
- AMP has authorised me to be its agent to conduct customer due diligence procedures and obtain any information required for customer due diligence under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 and I acknowledge that AMP is relying on me to perform those functions for it.

**Signature of Adviser**

Dated