



Trusts & Estates

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.

This form can be completed on-screen by typing content directly into the PDF document. If you're not completing this form online, please use block letters.

AMP product name (required)

AMP policy/portfolio number (if known)

PART A

1. Trust/estate details

Full name of trust/estate

Address of the trust/estate

2. Structure of the trust/estate

Type of trust (select one)

Family trust Estate Discretionary trust Charitable trust – please specify the purpose/ objects of the trust

Trust established for a special purpose (please specify)

Other type of trust (please specify)

3. Trustee information

Trustee 1

Please select the type of trustee:

Individual Company

Title

Mr Mrs Ms Miss Dr Other

Surname or full legal name of company

Given name(s)

Date of birth

Address

Company number (if applicable)

Trustee 2

Please select the type of trustee:

Individual

Company

Title

Mr Mrs Ms Miss Dr Other

Surname or full legal name of company

Given name(s)

Date of birth

Address

Company number (if applicable)

Trustee 3

Please select the type of trustee:

Individual

Company

Title

Mr Mrs Ms Miss Dr Other

Surname or full legal name of company

Given name(s)

Date of birth

Address

Company number (if applicable)

Trustee 4

Please select the type of trustee:

Individual

Company

Title

Mr Mrs Ms Miss Dr Other

Surname or full legal name of company

Given name(s)

Date of birth

Address

Company number (if applicable)

If there are more than four trustees, please copy this section and attach

4. Persons in effective control/Acting on behalf of

Is there anyone else not listed above who has effective control of the applicant trust/estate or who is authorised to carry out transactions on its behalf, e.g. protector, special trustee or solicitor? Please list below.

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

Address

Relationship/nature of authority held:

E.G SOLICITOR, POWER OF ATTORNEY

4. Persons in effective control/Acting on behalf of (continued)

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

Address

Relationship/nature of authority held:

5. Trust beneficiary details

If the trust/estate has 10 or less beneficiaries, please complete the table below.

Beneficiary's full name (full legal name if company)	Date of birth (or company identifier)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

If the trust/estate has more than 10 beneficiaries, is a discretionary trust or a charitable trust please describe each class or type of beneficiary under the trust (refer to the trust deed)

Please provide information about individuals who hold more than 25% shareholding of a corporate beneficiary of the trust/estate

Full name of shareholder of corporate beneficiary	Date of birth
1	
2.	
3.	
4.	
5.	
6.	

6. Confirmation

I am: (tick one)

A trustee of the above named trust/estate (must be listed in section 3)

Acting in other authorised capacity for the trust/estate (state here)

E.G SOLICITOR, ACCOUNTANT

and in that capacity I am authorised to provide the above information and where required I have provided certified identity and address documents for the individuals listed in sections 3, 4 and 5, and I confirm that to the best of my knowledge and belief:

(a) such information is true and correct; and

(b) the information that is recorded in the documents provided is correct.

Signatory

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of signatory

Address

Complete PART B only if one or more of the trustees is a corporate trustee, otherwise go to PART C

PART B Corporate trustee details

Fill in this section only if one or more of the trustees is a company (other than New Zealand Permanent Trustees Limited, Perpetual Trust Limited, Public Trust, The New Zealand Guardian Trust Company Limited or Trustees Executors Limited)

7. Corporate trustees and director details

If there are more than four directors in any of the corporate trustees, please copy section below and attach noting the corporate trustee name.

Corporate trustee company 1 (as per section 3)

Full legal name of company

Director 1

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Director 2

Title

Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Director 3

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Director 4

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Corporate trustee company 2 (as per section 3)

Full legal name of company

Director 1

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Director 2

Title Mr Mrs Ms Miss Dr Other Surname

Given name(s) Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Director 3

Title

 Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Director 4

Title

 Mr Mrs Ms Miss Dr Other

Surname

Given name(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

PART C Identity verification section (to be completed by Adviser)**8. Identity verification documents****IMPORTANT NOTE**

Please verify identity and provide proof of address documents for each person listed in section 3, 4 and 7

You must sight original or certified copy of documents listed in option 1, 2 or 3 below. When accepting previously certified documents, please ensure the documents have been certified not more than 3 months prior.

Option 1: ONE document from this section

NZ passport (identity page)	NZ firearms licence
Overseas passport (identity page)	NZ certificate of identity

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

Super Gold Card	Full birth certificate
NZ citizenship certificate/citizenship certificate issued by foreign government	Bank statement or IRD statement issued in individual's name in the last 6 months

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

NZ full birth certificate/birth certificate issued by a foreign government	NZ citizenship certificate/citizenship certificate issued by a foreign government
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Proof of address

Trustee/Person in effective control: Letter or invoice from a utility company, bank statement or letter from government agency. Document needs to be addressed to the individual and address as detailed in section 3 or 4 and be dated within the previous 6 months.

For directors: print out of the directors' addresses which can be found on the Companies Office website

Documentation about the trust/estate, one of the following:

Trust: Copy of the first page and the execution page of the trust deed.

Estate: Copy of Probate, Letters of Administration or Certificate of Administration.

Other documents

Evidence of the source of funds or wealth: bank statement, financial statements or a sale and purchase agreement.

Identity and address documents included with this form (should include all people listed in section 3, 4 and 7).

Full name: PERSON LISTED EITHER IN SECTION 3, 4 or 7

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 3, 4 or 7

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 3, 4 or 7

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 3, 4 or 7

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 3, 4 or 7

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

Full name: PERSON LISTED EITHER IN SECTION 3, 4 or 7

Identity document 1 e.g. PASSPORT or DRIVER LICENCE

Address document type e.g. UTILITY INVOICE

Identity document 2 (if applicable) e.g. BANK STATEMENT

If there are any other individuals whose identity is required to be verified, please copy this section and attach.

9. Declaration

DECLARATION BY ADVISER (AS AGENT OF AMP)

Name of Adviser

Adviser code

I, , confirm that

1. I have sighted today the original of each document verifying the identity and address of the individuals named in section 3, 4 and 7 of this document, and attached to this statement are true copies of those documents initialled by me.
2. Where I have been unable to sight all original documents, certified copies of the relevant documents have been provided.
3. I have no reason to believe that these persons are not who they claim to be.
4. 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.

Date

Signature of Adviser

Information for Advisers about trusted referee certifying documents

If you are unable to perform verification (i.e. meeting individuals and sighting original documents), copies of documents can be certified by a trusted referee using the following declaration (written and signed on each document copy):

"I, *(full name of trusted referee)*, *(type of trusted referee)*, confirm that I have sighted today the original of this document and that this document is a true copy of the original, and this document represents the identity of *(full name of individual)*.

(Signature of trusted referee)

(Dated)"

The trusted referee must:

- Be one of the following: Lawyer, Justice of the Peace, notary public, registered medical doctor, chartered accountant, police constable, registered teacher, kaumatua, member of Parliament or minister of religion
- Not live at the same address, be the spouse or partner of, or be related to the person named in the document being certified
- Be over 16 years of age

10. Checklist for Adviser

- I have completed section 8 by including details all the individuals named in section 3, 4 and 7
- I have verified the identity of all individuals named in section 8 and have attached copies (initialled by me) of original or previously certified documents to prove identity and address for those individuals
- Where I have been unable to sight all individuals named in section 3, 4 and 7, I will forward separately certified copies of the necessary documents. I understand that AMP will be unable to process the application until all the relevant documentation has been received
- The confirmation in section 6 has been completed
- I have attached evidence of the trust/estate source of funds or wealth
- I have signed the Adviser declaration (section 9)