



Identification form: Representative or power of attorney

SECTION 1 : PERSONAL DETAILS

Surname:		Full Given Name(s):	
Date of Birth dd/mm/yyyy:			
Residential Address: (PO Box is <u>not</u> acceptable)			
Street:			
Suburb:	State:	Postcode:	Country:
Name of Customer the individual is acting on behalf of:			
Authorising document (please attach a certified copy):			

SECTION 2 : IDENTIFICATION PROCEDURE

- Verify the individual's full name; and **BOTH** their date of birth AND residential address.
- Complete **EITHER** Part **A** or Part **B** or Part **C**. Part **D** must be completed.
- Contact IOOF if the individual is unable to provide the required documents.

PART A – ACCEPTABLE PRIMARY ID DOCUMENTS (OPTION 1)

Tick ✓	Select ONE valid option from this section only
<input type="checkbox"/>	New Zealand passport (a passport that has expired within the preceding 2 years is acceptable)
<input type="checkbox"/>	Foreign passport or similar travel document containing a photograph and the signature of the person*

PART B – ACCEPTABLE SECONDARY ID DOCUMENTS (OPTION 2)

Tick ✓	Select ONE valid option from this section
<input type="checkbox"/>	New Zealand driver's licence (please copy both front and back)
<input type="checkbox"/>	
Tick ✓	AND Select ONE valid option from this section only
<input type="checkbox"/>	New Zealand birth certificate
<input type="checkbox"/>	New Zealand citizenship certificate
<input type="checkbox"/>	A document issued by the Government within the preceding 12 months that records the provision of financial benefits to the individual and which contains the individual's name and residential address

PART C – ACCEPTABLE FOREIGN SECONDARY ID DOCUMENTS (OPTION 3)

Tick ✓	BOTH documents from this section must be presented
<input type="checkbox"/>	Foreign driver's licence that contains a photograph of the person in whose name it issued and the individual's date of birth*
<input type="checkbox"/>	National identity card issued by a foreign government containing a photograph and a signature of the person in whose name the card was issued*

PART D – PROOF OF RESIDENTIAL ADDRESS (MANDATORY)

Tick ✓	ONE documents from this section must be presented
<input type="checkbox"/>	A copy of a letter from a government department, utility company or bank addressed to the person within the preceding 12 months, or
<input type="checkbox"/>	A print out of the result screen from www.whitepages.co.nz confirming the person's name and address; or
<input type="checkbox"/>	A print out of your contact details from your internet banking website.

* Documents that are written in a language that is not English must be accompanied by an English translation prepared by an accredited translator. Translation must include date of issue, date of expiry (if applicable), authorising body and translation of personal identification details (eg name, address etc)

SECTION 3 : NATURE AND PURPOSE OF BUSINESS RELATIONSHIP

Is the individual the account holder?

- Yes If Yes, please answer section 3.1 and 3.2 below
- No If No, please go to section 4

3.1 Nature of business relationship (select ✓ as many of the following categories as applicable)

- Superannuation transfer
- Investment expected to be for longer than 4 years
- Investment expected to be for shorter than 4 years
- Accumulation investment (ie funds are being deposited or balance expected to be maintained)
- Decumulation investment (ie funds are being drawn down by the client)

3.2 Expected transactions (please estimate the transactions that will occur in this account)

	Expected Amount	Frequency (eg monthly, annual)
Expected deposits (total initial deposits)	<input type="text"/>	<input type="text"/>
Regular savings (if any)	<input type="text"/>	<input type="text"/>
Regular withdrawals (if any)	<input type="text"/>	<input type="text"/>
Irregular deposits	<input type="text"/>	<input type="text"/>
Irregular withdrawals	<input type="text"/>	<input type="text"/>

SECTION 4 : RECORD OF IDENTIFICATION PROCEDURE

For the purposes of this section of the form, attach a legible copy of the ID documentation used to identify the Individual (and any required translation).

ID RECORD	DOCUMENT 1	DOCUMENT 2	DOCUMENT 3 (if required)
Verified From	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy	<input type="checkbox"/> Original <input type="checkbox"/> Certified copy

SECTION 5 : IDENTIFICATION AND VERIFICATION CONDUCTED BY:

IOOF Representative's Name:		Date Verified:
IOOF Representative's Signature:		