

AML Form for Someone Acting on Behalf of Another Person

Lifetime Master Trust

Use this form if you are applying to make a withdrawal from another person's Lifetime Master Trust account.

Lifetime is required to verify your identity for the purposes of the Anti-Money Laundering & Countering Financing of Terrorism Act 2009.

Instructions for having your identity verified

Step 1: Complete the details of the person you are acting on behalf of in Section A.

Step 2: Complete your personal details in Section B, and details of your proof of authority to act for the member in Section C.

Step 3: Choose one of the identity document options in Section D.

Step 4: Either, take this form, your original identity documents and photocopies of your identity documents to:

- a trusted referee to have your identity documents certified. See Section E for who is a trusted referee. Section E also provides details on what the trusted referee must do; or
- a Lifetime employee (who is not related to you) or a financial adviser who is authorised to act on Lifetime's behalf, may verify your identity. Section F provides details on what this person must do.

OR:

- Authorise Lifetime Asset Management Limited to electronically verify your identity and address. Section G provides details of what you must do.

Step 5: Please return the completed form and documentation by email: lifetime@linkmarketservices.com or post: **Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142.**

If you have any questions about completing this form, call **0800 266 268** or email lifetime@linkmarketservices.com.

Section A: Details of person you are acting on behalf of

Title: Mr Mrs Miss Ms Other

First name(s) Surname

Member number Date of birth / /

Name of employer

Section B: Your personal details

Title: Mr Mrs Miss Ms Other

Given name(s) Surname

Date of birth / /

Residential address Postcode

Postal address (if different) Postcode

Direct phone Mobile

Section C: Proof of authority to act

Please complete this section only if you are completing this form on behalf of the person named in Section A.

Your relationship to the person named in Section A

We require you to provide certified copies of documents provided as proof of authority to act on behalf of the above person e.g., Enduring Power of Attorney, birth certificate if you are acting on behalf of a minor.

Name of document provided

Please ensure the person certifying the proof of authority to act document(s) has written on the document(s):

“This is a true copy of the original. [name][date][signature].”

Section D: Identity documents including address verification

Option 1

- The identity page of a current passport, or
- New Zealand firearms licence, or
- New Zealand certificate of identity, or
- An emergency travel document issued under the Passports Act 1992

and proof of residential address:

- Utility bill (not older than 6 months), or
- Bank statement (not older than 12 months), or
- Inland Revenue statement (not older than 12 months)

Option 2

- Current New Zealand driver licence (photocopy both sides if the expiry date is on the back), or
 - 18+ card, or
 - A valid and current international driving permit
- and one of the following:

- New Zealand birth certificate, or

- Certificate of New Zealand citizenship

and proof of residential address:

- Utility bill (not older than 6 months), or
- Bank statement (not older than 12 months), or
- Inland Revenue statement (not older than 12 months)

Option 3

- Current New Zealand driver licence (photocopy both sides if the expiry date is on the back)

and one of the following:

- Confirmation that the information presented on the driver licence is consistent with records held in the New Zealand Driver Licence Register, or

- Bank account statement issued to you by a registered New Zealand bank in the last 12 months, or

- A statement issued to you in the last 12 months by a government agency (e.g. Inland Revenue) that contains your name

and proof of residential address:

- Utility bill (not older than 6 months), or
- Bank statement (not older than 12 months), or
- Inland Revenue statement (not older than 12 months)

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

Section E: Certification of identity by a trusted referee

For face to face identity verification by a Lifetime employee (who is not related to you), or financial adviser who is authorised to act on Lifetime's behalf, skip to Section F.

Who is a trusted referee?

A trusted referee must be one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Member of the police | <input type="checkbox"/> Registered medical doctor | <input type="checkbox"/> Registered teacher |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> New Zealand Honorary Consul | <input type="checkbox"/> Chartered accountant |
| <input type="checkbox"/> Justice of the peace | <input type="checkbox"/> Kaumatua | <input type="checkbox"/> Minister of religion |
| <input type="checkbox"/> Notary public | <input type="checkbox"/> Member of Parliament | |
| <input type="checkbox"/> A person who has the legal authority to take statutory declarations | | |
| <input type="checkbox"/> Commonwealth representative (under the Oaths and Declarations Act) | | |

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 of the copied documents must be carried out within three months of the date you complete this form.

What does the trusted referee need to do?

The trusted referee must:

- write on the copy of the identity documents:

"I certify this to be a true copy of the original which I have sighted, and the photo represents a true likeness of [Name of presenter].

[Name of trusted referee]

[Type of trusted referee]

[Signature of trusted referee]

[Date]."

- complete the Trusted Referee Certification Statement below:

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

Designation of trusted referee
(from the list above)

Signature of trusted referee Date / /

Section F: Verification of identity by a Lifetime employee or financial adviser authorised by Lifetime

You are able to have your identity verified by a Lifetime employee (who is not related to you), or a financial adviser who has been authorised to act on Lifetime's behalf.

What does this person need to do?

This person must:

- write on the copy of the identity documents:

"I verify this to be a true copy of the original which I have sighted, and the photo represents a true likeness of [Name of presenter].

[Name of Lifetime employee or financial adviser]

[Type: Lifetime employee or financial adviser]

[Signature of Lifetime employee or financial adviser]

[Date]."

Complete the Verification of Identity Statement below:

Verification of Identity Statement

I, have sighted documents provided (copies of which are attached to this form), and have used those documents to verify client identity information as is required by the AML/CFT Act 2009.

Name of Lifetime employee/
financial adviser

Signature of Lifetime employee
or financial adviser
(please circle)

Date / /

Section G: Verification of identity electronically

I authorise Lifetime Asset Management Limited to electronically verify my identity and address.

In order to verify your identity and address electronically, please provide us with copies of the documents listed in Section D. Note: identity verification documents must be New Zealand documents and current (i.e. not expired).

Section H: Privacy

The personal information you are providing in this form (or in connection with this form), is being collected for the main purpose of effectively administering and managing your Lifetime Master Trust account in compliance with all relevant law. If you do not provide us with your personal information, we may not be able to process or may refuse your contribution or withdrawal. The information may also be used for the purpose of verifying your identity electronically or providing you with information about products and services we think might be of interest to you (including from our parent company Lifetime Asset Management Limited). The information may be used by, and disclosed to the Manager and Trustee (Lifetime Trustee Limited), the Administration Manager, or other entity involved in the administration and management of the Lifetime Master Trust (including Inland Revenue and any regulatory body) or your financial adviser. The information you provide may also be used by external agencies appointed by us for the purposes of verifying your identity.

You agree that this information may be collected, held and disclosed for these purposes. The information is being collected by the Manager (Lifetime Trustee Limited), whose address is **Lifetime Master Trust, PO Box 91976, Victoria Street West, Auckland 1142**, and will be held by Link Market Services Limited who you can contact at **PO Box 91976, Victoria Street West, Auckland 1142**. You can request access to your personal information and can ask that it is updated by calling **0800 266 268**.

Section I: Checklist

I have:

- completed Sections A, B, C and D of the form.
- either had a trusted referee complete the Certification of Identity Statement in Section E or had a Lifetime employee/financial adviser complete the Verification of Identity Statement in Section F.
- ensured that this person has written the required identity statement, his or her name, type of verifier / certifier, signature and date on the photocopies of my identity documents.
- attached the certified or verified copies of my identity documents to this form.

OR

- Ticked the box to authorise Lifetime Asset Management Limited to electronically verify my identity and address; and
- attached my identity documents to this form.
- attached a certified copy of proof of authority (e.g. Enduring Power of Attorney, birth certificate if acting on behalf of a minor).

Please return the completed form and documentation by email to lifetime@linkmarketservices.com or post to:

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