AURORA

Aurora KiwiSaver Scheme

Member Identification Information

The Anti-Money Laundering and Countering Financing of Terrorism Act 2009 requires Aurora Capital to verify the identity of new clients and, periodically, reconfirm information about existing clients.

Member Number: A U R
Personal Details
Title (please tick): Mr Mrs Miss Ms Dr Other First and Middle Name(s) Image: Compare the second se
Surname
Date of Birth Gender: Male / Female / Other / /
Email Address Phone Number
Residential Address (not a PO Box):
Number Street Suburb Image: I
City Postcode Country
Postal Address (<i>if different from Residential</i>)
IRD Number Identity Verification

There are three ways to complete identity verification. The options are:

- 1) Documentary identity verification certified face-to-face by a Trusted Referee and verified by an Authorised Individual* (complete following pages); **OR**
- 2) Documentary identity verification verified face-to-face by an Authorised Individual* (complete following pages); OR
- 3) Electronic identity verification your adviser may conduct identity verification by electronic means. In such circumstances, documentary identity verification would not be required. Please ensure an Electronic Verification Certificate is provided to Aurora Capital.

For (1) and (2) previous, you must ensure the relevant documents are attached to this form.

Please complete the following documentary identity verification forms f application and provide the appropriate documentation.	for all individuals named in this
Note: document certification by a Trusted Referee must occur no earlier than three mont	ths prior to the date of presentation
Please attach a copy of ONE of the following documents that has not expired in ord Signed New Zealand Passport New Zealand Driver Licence New Zealand	ler to verify your identity (<i>please tick</i>): nd Firearms Licence
 Should you not have one of these types of identification, you may provide a copy of Birth Certificate (New Zealand or foreign) Certificate of New Zealand or foreign AND also provide a copy of ONE of the following (<i>please tick</i>): New Zealand bank credit or debit card (including name and signature) 	
 To verify your address, you must also supply of ONE of the following documents (in a supply of ONE of the following documents) 	
Utility bill Bank statement Letter from government agency	
Trusted Referee Certification	
Name (Trusted Referee)**	
Trusted Referee Type	
have sighted the original documents selected above, each of which represents the residential address) of the applicant; and	identity (i.e. name, date of birth and
have signed copies of those documents and attached these to this form; and	
confirm that the copies of those documents attached are true copies of the origina me today.	l documents of the applicant sighted by
Signature of Trusted Referee	
Date	
 **A Trusted Referee must be: at least 16 years of age; and not related, spouse or partner, living at the same residential address or involved in the 	e transaction or business; and
 from the following list of Trusted Referees Commonwealth representative Registered teacher 	– Lawyer
 Registered medical doctor Chartered accountant Member of Parliament New Zealand Honorary Consul 	 A person who has legal authority to take statutory declarations
*Authorised Individual Verification	
*Name (Authorised Individual)	
Please tick one:	
I have met the applicant face-to-face and have sighted the original documents select identity (i.e. name, date of birth, and residential address) of the applicant, in accord and Countering Financing of Terrorism Act 2009. Copies of the selected documents	dance with the Anti Money Laundering
I have verified the documents which have been certified by a Trusted Referee and h the applicant, in accordance with the Anti Money Laundering and Countering Finan	
*Authorised Individual Signature	
Date	