AUTHORISED SIGNATORIES FORM



This form is to be completed by legal quardians or attorneys wishing to be appointed as an authorised signatory. You can email this form and all required supporting documents to registry@anzinvestments.co.nz. Alternatively, you can take them to any ANZ branch, or post them to ANZ Investments, Freepost 324, PO Box 7149, Victoria Street West, Auckland 1142. 1. THIS FORM RELATES TO AN INVESTMENT IN THE FOLLOWING (please tick) ANZ KiwiSaver Scheme ANZ Default KiwiSaver Scheme OneAnswer KiwiSaver Scheme ANZ Investment Funds OneAnswer Multi-Asset-Class Funds OneAnswer Single-Asset-Class Funds 2. INVESTMENT OWNER INFORMATION First name(s) Surname First name(s) Surname Company/Partnership/Trust/Estate name ANZ customer (or investor) number 3. AUTHORISED SIGNATORY INFORMATION Authorised signatory 1 **Authorised signatory 2** Mr Miss Mrs Miss Mrs Ms Other Ms Other First name(s) First name(s) Surname Surname ANZ customer (or investor) ANZ customer (or investor) number (if known) number (if known) Home address Home address Postcode Postcode Email Email Contact phone Contact phone Relationship to member Relationship to member Date of birth Date of birth Country of birth Country of birth Occupation Occupation

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4. IDENTIFICATION

Each authorised signatory applying must provide either certified or verified copies of your valid ID and proof of address. An ANZ staff member or an ANZ Investments approved financial adviser can verify these documents. Alternatively a Notary Public, Justice of the Peace, NZ lawyer, or other person who has legal authority can certify these documents before sending them to us. See anz.co.nz/myid for more information.

If we need to ask you for further information, this will delay the processing of your application.

Identity documents Please provide us with:		NEW ZEALAND DRIVER LICENCE
Option 1: ONE of these documents:		DOWNER DENTITY INFORMATION SMITH
New Zealand passport	National ID card	Den of the GS-11-60 Lonce A AB123-65 Lonce A AB123-65 Lonce A B123-65 Lonce A
Overseas passport (signed)	New Zealand firearms licence	ORGANIA AND STREET GOLDING PARKESTON NORTH
Option 2: A New Zealand driver licence ONE of these documents (m Bank statement SuperGold Card	te AND hust be dated within the last six months): Central Government Agency document (issued to you) New Zealand Defence or Police Photo ID	Learnine view A 8/12/4166 CONDITIONS CONDITIONS Some Control of Co
Option 3: ONE form of primary non-p	hoto ID	area con
New Zealand full birth certificate	Certificate of New Zealand citizenship	l, Sames Black hereby certify that this is a true and correct copy
Overseas birth certificate	Overseas citizenship certificate	of the original document which I have sighted, and it represents a true likeness of the individual.
AND ONE form of secondary pho	ato ID	Dated the 15th day of Sanuary 2016
New Zealand driver licence	New Zealand Defence or Police Photo ID	J3Mi
International Driving Permit	18+ card or Kiwi Access Card	Enrolled barrister and solicitor of the High Court of New Zealand
Please provide us with ONE of the below as and current New Zealand residential address. Utility bill Bank statement or bank document Non-bank financial institution statement or document Central Government Agency document e.g. IRD, ACC	Signed rental tenancy agreement, flatting or sub-letting agreement fa Electoral roll papers Sh Electronic White/Yellow Pages th Insurance policy document Car registration potification/demand	ducational Institution letter from education cility, must be on letterhead paper nort-term accommodation letter issued by se accommodation provider and include our name etter from employer on company
Local Council/Government letter	le	tterhead confirming residential address
5. CHECKLISTCompleted formCertified or verified ID and proof of add	dress for each authorised signatory (section 4 of this form)	
Confirm your authority (tick the document	you are send us)	
Attorney a verified or certified copy of	the power of attorney	
Guardian a verified or certified copy of	the minor's birth certificate or	
evidence of guardianship (please call us on 0800 736 034 to discuss requirements)		

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6. AGREEMENT If signed under power of attorney, the attorney confirms that he/she has not received notice of revocation of that power. I/We certify that all person/s who have signed this form are authorised to sign on behalf of the investor. **Authorised signatory 1 Authorised signatory 2** Signature Signature 2 **0** Y Y **2** 0 Y Y Date Date See anz.co.nz/myid for a full list of acceptable documents and ways documents can be certified or verified. Alternatively, talk to an ANZ staff member or your financial adviser. 7. PRIVACY You agree we can collect, use and disclose your information to process your application in accordance with our Privacy Statement, which is the same as ANZ Bank New Zealand Limited's and can be found at anz.co.nz/privacy. If you prefer a print version, it is available to download as a PDF or from any branch. We take your privacy seriously, and understand the need to keep your information confidential and secure. You can access or correct your personal information by calling 0800 736 034 or asking at any ANZ branch. We may charge you a fee to access the information we have about you. **INTERNAL USE - ANZ STAFF ONLY** (staff full name) Branch Stamp hereby verify that this is the original document. Date Signature Staff job role Branch name Once completed – staff must scan this form and all required supporting documents in the checklist to registry@anzinvestments.co.nz