

Customer Due Diligence – Address Verification

You will need to ask your family/client to bring in proof of address (and proof of identity – see separate checklist) for a staff member to copy and verify before uploading to the application online. If they don't have an original document, they will need to bring in a certified copy (certified by a JP or similar).

(Customer Due Diligence (CDD) is required for the Applicant, being the person who contributes funds AND the Participant, being the person whose funeral is being prepaid. In most cases the Applicant and Participant will be the same person. If they are not, CDD is required for both parties).

PROOF OF ADDRESS

Any 1 of the following (on letterhead and dated within the last three months)

- Utility or rates bill
- Bank Statement issued by a registered bank
- Document issued by a government agency
- Local council notification/demand
- Court document
- Rental tenancy agreement/retirement home agreement
- IRD tax notice/certificate
- Electoral roll papers
- Insurance policy document
- Vehicle registration notification/demand
- Non-bank financial institution statement
- Letter from educational institution

WHAT TO DO IF NONE OF THESE ARE AVAILABLE – EXCEPTION PROCEDURE

Ask the client if an alternative is available. This can be submitted as evidence to the administrator when you write a letter to them explaining why you want to rely on the 'Exception procedure'. For example:

- Certified copy of out-of-date proof of address.
- A statement from a retirement home confirming that a photo of the individual is the identity of the person based on the records of the home, that they are a resident and the period of residence.
- In the case of a person operating as an attorney under an Enduring Power of Attorney, a copy of the Power of Attorney together with a declaration of non-revocation and the CDD documents on the attorney together with permission to contact the lawyer who prepared or certified the Enduring Power of Attorney.

If there is any doubt whether any particular form of information will be acceptable, please contact the Trust administrator 0800 332 693 or email info@thefuneraltrust.co.nz

CDD DOCUMENTS MUST BE VERIFIED OR CERTIFIED WITHIN THE LAST 3 MONTHS

VERIFIED

Original CDD documents are sighted and verified by you (a person from the Member firm). The verification process is set out below:

1. Sight original document.
2. Take a copy of the original document sighted. If a card such as a driver's licence, bank card or other two-sided documents, take copies of both sides.
3. Record on each copied document:
 - a. Your name
 - b. Occupation
 - c. Date
 - d. Signature
 - e. Use the words

"I hereby verify this is a true copy of the original document which I have sighted"

If the document is a photo ID use the words:

"I verify that I have seen the original document which I have sighted. This photo is a true likeness of"

NB: If you do a large number of Trust applications you might find it helpful to have a stamp made up to use. Wellington Rubber Stamp Co can help with this – contact craig@rubberstamp.nz

CERTIFIED

CDD documents are required if the original cannot be sighted by you, a person from the Member firm. Best practice is to obtain the original certified document. However, scanned copies of the original are acceptable.

Documents should be certified or verified within the last three months of completing the 'Application to Join The Funeral Trust'.

Sample CDD exception procedure letter (covering ID and/or address verification)

Please put on funeral home letterhead then cut and paste from below using the relevant clauses. Please ensure the letter is signed and dated.

Please consider the application for _____ under the Funeral Trust's AML CDD exception procedure as:

- _____ (the applicant/participant) does not hold any current identification, with the certified copy of the expired ID provided being the only document/s or identification available.
- _____ (the applicant/participant) cannot supply a compliant proof of address and the document provided is the only document/s available as proof of address.
- _____ (the applicant/participant) does not have any identification available but can be identified by their Rest Home, with the letter from the Rest Home (using the template attached on their letterhead) confirming the Applicant/Participants identity provided the only document/identification available.
- _____ (the applicant/participant) does not have any identification available and we request approval using the Applicant/Participants Enduring Power of Attorney (EPOA). The following documents attached:
 - Certified copy of the EPOA, including;
 - Declaration of non-revocation
 - Authority for The Funeral Trust to contact the Applicant/Participants acting lawyer.
 - Proof of identity documents for the Attorney(s)

Staff member signature: _____

Staff member name: _____

Funeral home: _____

Date: _____

Rest Home Letterhead

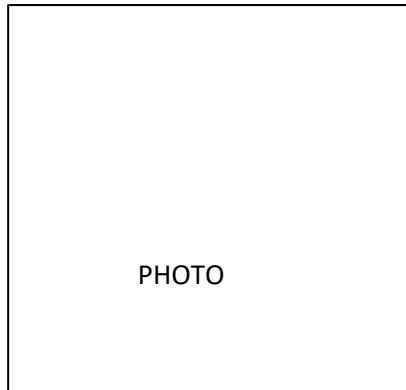
To The Funeral Trust

This document is to confirm that:

Name: _____

Date of birth: _____

(pictured below) is a natural person resident of this rest home/ care facility.



Located at: _____

Signed: _____

Name: _____

Position: _____

Date: _____