

Electronic identity and address verification

EIAV -09.11.2016

To meet the requirements under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009, we must verify your identity and residential address. One option is to try and do this electronically, but we need your consent. Note, not everyone can be verified electronically. As an alternative to completing this form, you can call us on 0800 27 87 37 between 8am and 6pm.

If you want us to try to electronically verify your details, please tick the box below and provide the information required:

I wish that my identity and address is verified electronically, and I authorise SuperLife to undertake this.

Name	<input type="text"/> First name	<input type="text"/> Middle name(s)	<input type="text"/> Last name
Date of birth	<input type="text"/> (dd/mm/yyyy)		
Address	<input type="text"/>		
Country of citizenship	<input type="text"/>	Vehicle Registration number (if applicable)	<input type="text"/> Number plate Only include the plate number if the vehicle is registered in your name.

Identity verification method

Complete details for at least **one** of the following:

- **NZ Drivers licence**

<input type="text"/> NZ Drivers Licence number - The number is printed on your licence under the note '5a'	<input type="text"/> Card version - The version is printed on your licence under the note '5b'
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- **NZ Passport**

<input type="text"/> NZ Passport number - Make sure your name entered at the top of the form exactly matches the name shown on your passport, including middle name(s)	<input type="text"/> Passport expiry date
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- **NZ Birth certificate**

<input type="text"/> NZ Birth certificate number - Make sure the name entered at the top of the form is your current official name, including middle name(s)	
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- **NZ Citizenship**

<input type="text"/> NZ citizenship number- Make sure the Country of Birth, and your name entered above, exactly match the details shown on the Citizenship Certificate, including middle name(s)	<input type="text"/> Country of birth
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Signed _____

Date (dd/mm/yyyy) _____

Please return the completed form to SuperLife at superlife@superlife.co.nz or post to us at P.O. Box 105262, Auckland 1143.