

ELECTRONIC VERIFICATION CONSENT FORM



5 July 2024

Customer Services

ANZ Smart Choice Super
Phone 13 12 87 (International +61 2 8366 1500)
Email: smartchoice@insigniafinancial.com.au
Website: anz.com.au/smartchoicesuper

Other ANZ Super and Investment Products
Phone 13 38 63 (International +61 2 8366 1510)
Email: client@onepathsuperinvest.com.au
Website: anz.com

This form is to be used for providing consent for electronic verification of your identity for Superannuation and Investment products only. For other ANZ Banking products visit anz.com.

Please note, for ANZ Smart Choice Super you also can electronically verify yourself via ANZ Smart Choice Super online access: anzsmartchoicesuper.ioof.com.au/access.

INSTRUCTIONS

Email* your completed and signed form to:
smartchoice@insigniafinancial.com.au

client@onepathsuperinvest.com.au

OR post to:

ANZ Smart Choice Super

GPO Box 5107
Sydney NSW 2001

ANZ

GPO Box 4028
Sydney NSW 2001

* Please note this must be sent from the email address we currently hold on file for you.

1. MEMBER DETAILS

Member number	<input type="text"/>							
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>	
Surname	<input type="text"/>							
Given name(s) (including middle name)	<input type="text"/>							
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential address (this cannot be a PO Box)	<input type="text"/>							
Suburb/Town	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Country	<input type="text"/>							
Postal address (if different from above)	<input type="text"/>							
Suburb/Town	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Country	<input type="text"/>							
Business phone	<input type="text"/>			Mobile phone	<input type="text"/>			
Email	<input type="text"/>							

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2. PROOF OF IDENTITY

The Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) requires us to identify you and verify your identity before we can process your instructions.

To verify your identity please complete the below.

Please provide details for any **TWO** of the following forms of identification:

Driver's Licence

Full Name (as it appears on your Driver's Licence)		
Address (if different from above)		
Suburb/Town	State	Postcode
Licence Number	State of Issue	
Expiry Date	Card Number	

Medicare card

Full Name (as it appears on your Medicare card)			
Card Colour (please tick)	<input type="checkbox"/> Green	<input type="checkbox"/> Blue	<input type="checkbox"/> Yellow
Medicare Card Number			
Individual reference number (the number to the left of your name)			
Expiry Date			

Australian passport

Full Name (as it appears on your Passport)
Passport Number

Foreign (overseas) passport

Full Name (as it appears on your Passport)
Passport Number
Country of Issue

3. DECLARATION AND SIGNATURE

By signing this form,

- I declare that the information I am providing in this form is my personal information and I have the authority to provide it.
- I authorise the use of the personal information I have provided in this form in order to electronically verify my identity.
- I understand that my personal information will be shared with a secure external document verification service in order to match my information with identification data sources.
- I understand that if my identity cannot be verified electronically from the information I have provided, then I will be contacted to discuss whether manual document verification would be more effective.
- I acknowledge that the personal information I have provided will be handled by:
 - ANZ in accordance with its privacy policy, available at anz.com/privacy
 - OnePath Custodians and OnePath Funds Management in accordance with its privacy policy, available at onepathsuperinvest.com.au/about-us/privacy-policy, and
 - Zurich in accordance with its privacy policy which is available at onepath.com.au/insurance/privacy-policy.
- I give my consent for the Product Issuer to verify my identity by disclosing my name, residential address, date of birth and email address to a credit reporting agency and by confirming the authenticity of my Government issued identification with relevant Government departments.
- If my details do not match the records held on file by the Illion Credit Reporting Agency I will be notified in writing by either the Product Issuer or VixVerify on behalf of the Product Issuer. VixVerify is product owner of GreenID, the Product Issuer's electronic verification system.

Signature of Member/Investor (sign clearly within the box)
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Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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