

# ELECTRONIC VERIFICATION CONSENT FORM



1 August 2022

## Customer Services

ANZ Smart Choice Super  
Phone 13 12 87 (International +61 2 8366 5100)  
Email: smartchoice@insigniafinancial.com.au  
Website : anz.com/smartchoicesuper

Other ANZ 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.

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](http://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	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>	Card Number <input type="text"/>

### 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 <input type="text"/>			
Individual reference number (the number to the left of your name) <input type="text"/>			
Expiry Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="Y Y Y Y"/>		

### Australian passport

Full Name (as it appears on your Passport)		
Passport Number <input type="text"/>		

### Foreign (overseas) passport

Full Name (as it appears on your Passport)		
Passport Number <input type="text"/>		
Country of Issue <input type="text"/>		

## 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](http://anz.com/privacy)
  - OnePath Custodians and OnePath Funds Management in accordance with its privacy policy, available at [onepathsuperinvest.com.au/about-us/privacy-policy](http://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](http://onepath.com.au/insurance/privacy-policy).

Signature of Member/Investor (sign clearly within the box)
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Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="2 0 Y Y"/>
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