



Application for Kaumātua Grant 2019

WHĀNAU TRUST MEMBERS APPLICATION

Beneficial owners of Tuaropaki E can apply for a kaumātua grant. This includes owners, owners with a life interest, beneficial owners of a whānau trust who are 65 years of age or over (on or prior to the closing date) and who connect by whakapapa.

This form is for beneficial owners of a Whānau Trust or who hold a life interest and who have not received a kaumātua grant from the Tuaropaki Trust before. You do not need to reapply each year.

There is a different form for Individual Owners. Please contact the office if you require a different application.

Extra application forms are available on request to our office, or can be printed from our website www.tuaropaki.com.

Applicant Details

Shareholder (SHN) No:

Your Name:

Other names you are known by:

Your Address:

.....

.....Post Code

Your Date of Birth:

(Please attach proof of Date of Birth)

Your Contact Phone Number:

Your email address:

This application is for owners who have never applied for a kaumātua grant before and who are beneficial owners of a whānau trust or owners who hold a life interest - please request a different application if you are an individual owner (in your own right)

Applications close 8 February 2019

Owner Details and Whakapapa

Whānau Trust Details (only complete this if you are a member of a whānau trust)

Full name of Whānau Trust:

Full name of Trust Administrator:

Address of Trust Administrator:

.....

.....

YOUR WHAKAPAPA (to owner in Tuaropaki)

.....
(Your Name)

..... (Father) (Mother)

..... (Grandfather) (Grandmother) (Grandfather) (Grandmother)

..... (Great Grandparent) (Great Grandparent)

Your Siblings (Brothers and Sisters)

.....
.....
.....
.....

Please ensure the Whānau Trust Endorsement at the back of the application form is filled out.

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Declarations

Applicant Declaration

I confirm all information provided in this form is true and correct. I authorise Tuaropaki Trust to pay any approved Kaumātua Grant to the bank account number provided.

Signature:..... Date:

Endorsement by Whānau Trust Administrator (Postal Trustee)

I, (being the Postal Trustee),

hereby endorse this application and confirm the applicant is a member of the Whānau Trust known as the

..... Whānau Trust.

Signature:..... Date:

Check list

- Birth Certificate – (Proof of Age)
- Photo ID – (Drivers Licence, Passport, Firearms Licence)
- Verified bank account – (Bank Statement or bank printout)
- Application signed by applicant
- Application endorsed by Trustee of the Whānau Trust

For Trust use only:

ID Confirmed:
Details entered:

Date entered:

Please return completed form to and required documents, to:

Tuaropaki Trust
PO Box 441
Taupo 3351

Phone: (07) 376-2500

Fax: (07) 376-2501

Email: ownerservices@tuaropaki.com

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