

# 2025 Kaumātua Grant Application

## WHĀNAU TRUST MEMBERS

### This form is for:

- Beneficiaries of a whanau trust who are applying for the first time; or
- Who did not receive a kaumātua grant in 2024.

This form is not for individual owners who own shares in their own right or for owners who hold a life interest. Please contact the office if you need an individual or life interest application.

#### You can also apply online at:

https://tuaropaki.com/services/wellbeing-and-support/kaumatua-grant/

### **Eligibility Criteria:**

- You are 65 years of age or older (on or prior to the closing date).
- The whānau trust must have shares in the Tūaropaki E block.
- The whanau trust is fully registered in our database (if not, we can send a registration form to one of the trustees).
- You must be a direct descendant of the Tūpuna named in the whānau trust deed written by the Māori Land Court; or
- A direct descendant of the beneficiaries named in the whānau trust deed. You need to prove your whakapapa by providing birth certificates for yourself and every generation between you and the named tūpuna/beneficiaries.

If you require printed forms, call our office at 0800 376 2500 or email <u>akoranga@tuaropaki.com</u>.

### **Applicant Details**

Full legal name:					
Other names you are known by:					
Address:					
	Post Code				
Date of Birth:					
Phone Number:					
Email Address:					

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# Whānau Trust Details and Whakapapa

### A responsible trustee of the whānau trust MUST complete and sign the owner endorsement on page 4.

Whānau Trust Details						
Whānau Trust Shareholder ID No. :						
Full name of Whānau Trust:						
Full name of Trustee endorsing this a	pplication:					
Address of Trustee endorsing this ap	olication:					
Applicant Whakapapa (to the tūpu	na or beneficiary na	amed in the Whānau Trust D	Deed)			
	,		,			
		ur Name)				
(Father)			(Mother)			
(Grandfather) (Gr	andmother)	(Grandfather)	(Grandmother)			
(Great Grandparen	t)	(Grea	t Grandparent)			
	Your Siblings (	Brothers and Sisters)				
Both the applicant and the responsi	ole trustee endorsi	ng the application must sign	this page.			
Applicant Name:		Twister News				
Applicant Name:		Trustee Name:				
Applicant Signature:		Trustee Signature:				
Date:		Date:				

# **Payment Details**

(Provide your own personal account not the whanau trust account)

### Please complete one of the following payment details

We will only pay to the applicants account. Joint accounts are also accepted. We cannot pay to third parties or the whānau trust account.

# **NZ** Payment Details

New Zealand Bank	Account											
Your NZ bank account:	Bank	Branch		Account	No.			Su	ffix			
Overseas Payment Details												
International Ban	k Account											
Account name:												
Name of Bank:												
Branch:							<u>-</u>	<u>-</u>				
Bank Address:												
Country:												
SWIFT Code:												
Australia:				7 – Г								
OR	· · · · · ·	BSB No.		Ac	count No.		· · ·		· · ·			
Other Country:	ISO & check	Bank	Bank Code	& Account	No.							

### **Owner Endorsement**

Only a responsible trustee of the whanau trust can sign and endorse this application.

#### By signing this section of the application, the responsible trustee agrees to the following declaration:

- I endorse the applicant seeking a 2025 Kaumātua Grant from Tūaropaki Trust.
- I confirm the attached whakapapa is true and correct.
- I confirm the applicant has demonstrated to my reasonable satisfaction that s/he has obtained permission from the relevant whānau member(s) to submit their birth certificate(s) to Tūaropaki Trust as evidence of their whakapapa for this and any future applications.
- I give my consent for Tūaropaki to publish my name as the one endorsing the applicant in any Tūaropaki publication.

Trustee Name:

#### Trustee Signature:

Date:

## **Trustee Checklist**

#### Please ensure you have:

- □ Completed and signed this Owner Endorsement page.
- $\Box$  Sign the whakapapa sheet (page 2).
- □ Supply the applicant with a copy of your Photo ID (Passport or Driver's Licence)

The photo ID provided must have your signature on it.

## **Applicant Declaration**

#### By signing this form, the applicant agrees to the following declaration:

- I understand that my application will not be considered if Tūaropaki Trust does not receive my application in full with the required supporting documents by the closing date.
- I give my consent for Tūaropaki Trust to use and verify my information (including whakapapa) for the purpose of applying for a 2025 Kaumātua Grant.
- I have obtained permission from the relevant whānau members for me to submit their birth certificate(s) to Tūaropaki Trust as proof of my whakapapa for this and any future applications.
- I understand that if Tūaropaki Trust cannot verify my whakapapa or other eligibility information then I do not meet the criteria for a Tūaropaki 2025 Kaumātua Grant.
- I agree that my name and image may be used for publicity purposes.
- I have read and accept the Tūaropaki Trust Grant Privacy Statement found on the website at <a href="https://tuaropaki.com/privacy-policy/">https://tuaropaki.com/privacy-policy/</a>.

#### Applicant Name:

#### Applicant Signature:

Date:

## **Applicant Checklist**

#### Please ensure you submit the following by Friday, 7 February 2025:

- $\hfill\square$  Completed and signed application form
- □ Whakapapa sheet signed by yourself and Trustee (page 2)
- □ Owner Endorsement completed and signed by Trustee (page 4)
- □ Applicant declaration completed and signed by yourself.

#### Enclose the following supporting documents:

- □ Full Birth Certificate(s) for every generation from you to the tūpuna or beneficiary named in the whānau trust deed.
- □ You Photo ID (Passport or Driver's Licence)
- □ Trustees Photo ID (Passport or Driver's Licence)
- Verified Bank Account (Bank Statement or Bank Printout stamped by the bank)
  <u>Important Note:</u> The bank account name must be in the name of the applicant. We will not pay to third parties.

### Return completed application to:

Tuaropaki Trust PO Box 441 Taupō 3351 Phone: 0800 376 2500 Fax: 07 376 2501 Email: <u>akoranga@tuaropaki.com</u>

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