

Application for Tangihanga Grant 2025 INDIVIDUAL OWNER

This form is for application on behalf of deceased owners in Tuaropaki E. This applies to a date of death from 1 July 2024 onwards until further notice from the Trust.

<u>This form is not for</u> members of a Whānau Trust. Please contact the office if you require a whānau trust application.

The tangihanga grant can be paid to either the funeral director or the estate account.

Deceased Owner Details

Shareholder (SHN) No:	(if known)
Owner's Full Name:	
Other names known by:	
Date of Birth:	
Date of Death:	
Please attach proof of Dadeceased person)	ate of Death e.g. death certificate, funeral director's documentation verifying the
	Applicant Details
	(Person completing this form)
Your Name:	
Your Address:	
	Post Code
Date of Birth:	(Please attach Photo ID)
Your Contact Phone Num	ber:
Your email address:	
Relationship to the decea	sed:
• •	e the Trustee/Executor of the deceased Estate, and would like to receive the cash grant

Payment Details

Please complete and provide one of the following

- Funeral Director's Invoice OR
- Verified Bank Account for the Estate's Account

We can only pay to the accounts specified in the above bullet points.

We do not accept screenshots of internet banking or manually filled out deposit slips.

		Ad	ccount l	Details								
Account na	me:											
	Bank	Branch		Account	No					Suff	iy	
	Dank	Drunen		recount	110.					3411		
		Appli	icant De	eclaratio	on							
Applic	int declaration											
□ Ic	nfirm that I have a	uthority to apply on	behalf of t	he deceas	sed ow	ner						
		is application will r the required suppor			if Tua	ropaki	i Trus	st do	es not	receive	the	
_	ve consent for Tuar 25 Tangihanga Grar	ropaki Trust to use ai nt.	nd verify tl	he informa	ation I	provid	de for	the p	urpose	of apply	ing fo	ra
		uaropaki Trust cann Tuaropaki 2025 Tang	•		inform	nation	then	this a	applicat	tion will	not	
		ept the Tuaropaki com/owner-services/t			•			nd or	the T	Tuaropal	ki wel	osite
Applicant Na	me:											
Applicant Sig	nature:											
Date:												

Applicant Checklist

To complete your application, please submit the following:
□ Completed Application Form
□ Completed Applicant Declaration
☐ Death certificate or Funeral home documentation verifying the deceased owner
In the absence of a death certificate, the funeral director can provide confirmation of the following: - Full name of the deceased
- Date of birth
- Date of death
- Any other information that may help us to identify the owner
If payment is to be made to the Funeral Director:
$\ \square$ Invoice from the Funeral Home with their bank account details on the invoice
If payment is to be made to the Estate Bank Account:
☐ Photo ID of the Applicant (Passport or Driver's Licence)
□ Copy of Probated Will
□ Verified Bank Account for the Estate
Please return completed form and required documents to: Tuaropaki Trust PO Box 441 Taupō 3351

Email: ownerservices@tuaropaki.com