

## Age Pension Assistance Payment Application 2019



(07) 4159 5589
 reception@pccctrust.com.au
 PO Box 537
 BUNDABERG Q 4670

## Closing Date for all applications: 18<sup>th</sup> December 2019 APPLICATIONS RECEIVED AFTER CLOSING DATE WILL NOT BE CONSIDERED

If you were paid the PCCC Ltd. Age Pension Assistance Payment last year, you do not need to reapply.

Please return your completed application via email to <u>reception@pccctrust.com.au</u> or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Burnett Heads QLD 4670

APPLICANT INFORMATION: Please print clearly and in capital letters					
Surname:		First Name:			
Street address:					
City:	State:		Post Code:		
Phone:		E-mail:			
PCCC Group:		Apical Ancestor:			
PCCC Ltd Membership No:					



NOMINATED CONTACT: You may wish to nominate a person who can be contacted on your behalf regarding your application. This person must be acquainted with the details of your application.					
Name of contact:					
Phone:	Email:				
FUNDING REQUESTED: AGE PENSION ASSITANCE PAYMENT 65+ Years: for this payment. AGE PENSION ASSISTANCE PAYMENT (65+	Please provide Aged Care Pension Car	d ID from Centrelink			
Years)	Card No.: Vali	d until://			
PLEASE ATTACH THE FOLLOWING INFORMATIO Assistance Payment)	N: (Compulsory Information for Approval of P	CCC Age Pension			
<ul> <li>Centrelink confirmation of Pension (aged pension card ID) or photo ID with Date of Birth</li> <li>Bank Account Details</li> <li>Bank and BSB</li> <li>Account Name</li> <li>Account Number</li> </ul>					
DECLARATION:					
<ul> <li>I declare that the information I have provided on this form is complete and accurate and that my application meets the PCCC Ltd Socio Program Age Pension Assistance Policy and criteria.</li> <li>I understand that my application will be considered in accordance with PCCC Ltd Age Pension Assistance</li> </ul>					
<ul> <li>Program Policy.</li> <li>I understand and accept that the Directors decision to approve or not approve this application is final.</li> <li>I understand that I may be required to provide additional information.</li> <li>I understand that if I provide false or misleading information, I may be precluded from obtaining future</li> </ul>					
PCCC Trust assistance.					
Signature of applicant:		Date:			
Signature of contact (optional):		Date:			
What happens after I have submitted my application?					
Successful Applicants and current approved PCCC Age Pension:					

A letter will be sent confirming the date of processing of payment.

## **Unsuccessful Applicants**

A letter will be sent advising reasons for unsuccessful application.

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