





# Age Pension Assistance Payment Application 2020

 Port Curtis Coral Coast Trust Ltd  
 2 Marina Drive  
 BURNETT HEADS Q 4670

 (07) 4167 0037  
[reception@pccctrust.com.au](mailto:reception@pccctrust.com.au)  
 PO Box 537  
 BUNDABERG Q 4670

**Closing Date for all applications: 18<sup>th</sup> December 2020**  
***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 [reception@pccctrust.com.au](mailto:reception@pccctrust.com.au) or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, Burnett Heads QLD 4670

<b>APPLICANT INFORMATION: Please print clearly and in capital letters</b>		
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 ASSISTANCE PAYMENT 65+ Years: Please provide Aged Care Pension Card ID from Centrelink for this payment.**

AGE PENSION ASSISTANCE PAYMENT (65+ Years)

Card No.:

Valid until: \_\_/\_\_/\_\_\_\_

**PLEASE ATTACH THE FOLLOWING INFORMATION: (Compulsory Information for Approval of PCCC Age Pension Assistance Payment)**

- Centrelink confirmation of Pension (aged pension card ID) or photo ID with Date of Birth
- Bank Account Details
- Bank and BSB
- Account Name
- Account Number

**DECLARATION:**

- 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.
- I understand that my application will be considered in accordance with PCCC Ltd Age Pension Assistance Program Policy.
- I understand and accept that the Directors decision to approve or not approve this application is final.
- I understand that I may be required to provide additional information.
- I understand that if I provide false or misleading information, I may be precluded from obtaining future 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.