

Beneficiary Registration Form

1. Personal Details

Please circle or cross one option.

Salutation	MR	MRS	MISS	MS
Full Name (Including Middle Name)	_____			
Preferred Name / Commonly known as	_____	Maiden Name (If applicable)	_____	
Date of Birth	___ / ___ / _____ DD MM YYYY			
Land Group	<input type="checkbox"/>	Puutu Kunti Kurrama	<input type="checkbox"/>	Pinikura
Contact address	_____			
Contact phone	_____	Contact email	_____	

2. Centrelink details

Centrelink Reference Number (If applicable) _____

Please note: Your Centrelink Reference Number (CRN) can be used to receive discounts on some travel or services paid using Trust funds. If provided, the Trustee will use your CRN to receive the best price possible when services are arranged on your behalf. You do not have to provide your CRN to receive distributions from the trust.

3. Bank Account Details

Bank Account Name _____
BSB _____ Account number _____

Please Note: The bank account provided above will be the only account that can receive direct payments for the next year unless you provide the Trustee with written evidence that you have changed your bank details. Only one Bank account will be kept on file per member.

4. Tax File Number Declaration

Please tick one option and complete the details.

- Option 1 I have a TFN which is: _____
- Option 2 I do not have a TFN and I have applied for one with the ATO.
I will be in contact with you once I am notified of it.
- Option 3 I am not sure if I have a TFN and I have made enquiries with the ATO.
I will be in contact with you once I am aware of its existence.

- **Option 4** I do not wish to disclose my TFN and duly acknowledge that withholding tax at the rate of **46.5 cents** in the dollar will be deducted from any future entitlements from the trust.

5. Proof of identity

Please tick two options and provide copies of the documents in the options chosen.

- | | | |
|--|---|--|
| <input type="checkbox"/> Australian Driver's licence | <input type="checkbox"/> Birth Certificate/Extract | <input type="checkbox"/> Australian Passport |
| <input type="checkbox"/> Australians Firearms licence | <input type="checkbox"/> Medicare/ Health Care Card | <input type="checkbox"/> Proof of Age Card |
| <input type="checkbox"/> Centrelink/ Welfare Card | <input type="checkbox"/> Pension Card | <input type="checkbox"/> Tertiary Education Student ID |
| <input type="checkbox"/> Financial Institution passbook, statement or credit/ debit card | | |

6. Declaration

I declare that the details above are accurate and true. I understand that:

- The trust rules need to be followed and any funding requests I make may be approved in part only or not at all;
- Any money provided directly to me by the Trust will only be paid to my bank account that I have listed above,
- If I consent to part of my own benefits I receive from the Trust being used by another member, then that amount will count towards my annual limit;
- Suppliers will be paid directly by the Trust whenever possible;
- If I receive direct payments from the Trust it may affect any Government benefits I receive and I may need to tell Centrelink that I have Received the direct payments from the Trust;
- I am responsible for any tax that I need to pay on any money I receive from the Trust; and
- The Trustee is not liable for any loss, damage or personal injury resulting from the Trustee funding the whole or part of any request I make.

Your Signature

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Date (DD/MM/YYYY)

7. Contact

Please provide your completed form to Native Title at Perpetual, GPO Box A3, Perth, WA, 6001 or via email at nativetitle@perpetual.com.au, you can also call on (08) 9224 4400.