

Beneficiary Registration Form

1. Personal Details

Please circle or cross one option.

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

Are you a member of another native title group or PBC? Yes/no If yes, which group/s?

Do you receive funds from another native title trust? Yes/no If yes, which group/s?

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	<hr/>		
BSB	<hr/>	Account number	<hr/>

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. 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 | | |

5. Consent to Share Information

Do you consent to Perpetual sharing the following information with the PKKP Aboriginal Corporation? Please tick the boxes below:

Yes No

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Your Address |
| <input type="checkbox"/> | <input type="checkbox"/> | Your Email |
| <input type="checkbox"/> | <input type="checkbox"/> | Your Phone Number/s |
| <input type="checkbox"/> | <input type="checkbox"/> | Names of your PKKP children |

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 pkkpbusiness@perpetual.com.au, you can also call on 1800 940 785.