



**Australian Government**  
**Department of Veterans' Affairs**

# Application for Appointment of a Trustee

A trustee is usually only appointed if the pensioner is so ill or infirm that he/she is incapable of managing his/her affairs. This application must be supported by two professional certificates. One of these certificates must be from a medical doctor.

A trustee has the legal right to retain and control a pensioner's pension or allowance.

Trustees are appointed under section 202(1) of the *Veterans' Entitlements Act 1986*.

**In case pages of this form become separated, please place your name on top of each page.**

The information sought in this form is required to assess this application for appointment of a trustee.

If the application is approved some of the information may be disclosed to Centrelink and the Australian Taxation Office for the purposes of matching information.

Some of the personal information may also be disclosed to the relevant bank, credit union or building society to facilitate payment.

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**Giving false or misleading information is a serious offence.**

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If any of the details you give in this form change, you are required under section 54 of the *Veterans' Entitlements Act 1986*, to notify the Department within 14 days (28 days if you live overseas or receive Remote Area Allowance). There are penalties for failure to notify the Department.

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For more information please call the Department of Veterans' Affairs (from anywhere in Australia) on:

**133 254**

Callers from regional Australia can call:

**1800 555 254**

To contact your local Veterans Affairs Network (VAN) Office please call:

**1300 55 1918**

If you wish to call DVA in another State please call:

**1300 13 1945**



The addresses of the Department of Veterans' Affairs offices are:

**State Offices:**

**Sydney**

Centennial Plaza Tower B  
280 Elizabeth Street  
GPO Box 3994  
Sydney NSW 2001

**Adelaide**

Blackburn House  
199 Grenfell Street  
GPO Box 1652  
Adelaide SA 5001

**Melbourne**

300 Latrobe Street  
GPO Box 87A  
Melbourne VIC 3001

**Perth**

AMP Building  
140 St Georges Terrace  
GPO Box F352  
Perth WA 6001

**Brisbane**

Bank of Queensland Centre  
259 Queen Street  
GPO Box 651  
Brisbane QLD 4001

**Hobart**

21 Kirksway Place  
Cnr Gladstone Street  
GPO Box 481  
Hobart TAS 7001

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

## Pensioner's details

1. DVA file number (if known)

2. Surname

3. Given name(s)

5. Date of birth

 

6. Residential address

  

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7. Postal address (if same as residential, write "AS ABOVE").

  

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8. Why is a trustee required?

(Note: Certificates in support of this statement must be sent with this application).

  

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9. Is someone already acting on behalf of the pensioner?

 No Yes - please specify

If someone has a power of attorney over your affairs, please attach a copy of the appointment. This copy must be a **certified copy** (certified as true by a Justice of the Peace, a Commissioner for Declarations or another person before whom a statutory declaration may be made). If you provide the **original** document, the document will be sighted and verified by a DVA officer and returned to you by registered post.

 Agent Trustee Power of Attorney

Surname of person acting on behalf of the pensioner

Given name(s)

Address

  

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Telephone numbers (include STD code)

Home ( )

Work ( )

10. Is anyone else authorised to make enquiries of DVA on behalf of the pensioner?

 No Yes - Surname

Given name(s)

Address

  

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Telephone numbers (include STD code)

Home ( )

Work ( )

## Details of proposed trustee

If the proposed trustee is from an organisation, e.g. a Nursing Home, please provide the name and contact details of the organisation's representative (i.e. the proposed trustee).

11. Surname of proposed trustee

12. Given name(s)

13. Residential address

If the proposed trustee represents an organisation, please provide the organisation's address.

  

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Postcode

14. Postal address (if same as residential, write "AS ABOVE").

  

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Postcode

15. Telephone numbers  
(include STD code)

Mobile

Fax (  )

Work (  )

Other Type of number Number (e.g. home telephone number)

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## Payment details

16. If you wish to have the pensioner's pension or allowance paid to a different account to where it is currently, please provide the following details:

Name of bank, credit union or building society

Address

  

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Postcode

Account number

Account in the name(s) of

## Signatures

I am aware that as a trustee:

- I must manage the trust so that there is no conflict of interest between my own interests and those of the pensioner, i.e. I will not profit from the trust;
- I have a duty of care to manage the pensioner's pension or allowance for his or her benefit;
- I must keep accounts for the trust and produce them at the request of the pensioner or the Department of Veterans' Affairs;
- I must advise the Department in writing if the pensioner dies, marries, is divorced, or if there is any other change that may affect his/her pension or allowance;
- I cannot delegate any of the powers or responsibilities of the trust to another person;
- I must keep trust money in a separate account from my own money;
- I am familiar with the law that covers the administration of trusts in my State.

I understand that if I am appointed trustee, I will be sent details of terms of the trusteeship. This will list my obligations in more detail.

Proposed trustee's signature

Date

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A pensioner may elect to have a friend or relative, or an ex-service organisation (or its representative) act on his or her behalf in relation to this application. If so, this Authority must be completed by that person.

I declare that I am authorised by

to act on his or her behalf in matters relating to this application.

Your full name

Address

  

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Telephone numbers  
(include STD code)

Signature

Date

## OFFICE USE ONLY

**Approval by Delegate of the Repatriation Commission under s. 202(1) of the *Veterans' Entitlements Act 1986***

Signature of Delegate of Commission

Terms of Trust (Form D2707) sent