



# WAGYL KAIP SOUTHERN NOONGAR TRUST FUND

## ELDER ASSISTANCE APPLICATION FORM

Elder Assistance may be considered if the Applicant is:

1. A Wagyl Kaip/Southern Noongar person;
2. 60 years of age (born in 1964 or earlier); and
3. Has not previously received an Elders Payment from this Trust Fund.

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE NO:</b>
<b>DATE OF BIRTH:</b>

### DETAILS OF FAMILY CONNECTION TO WAGYL KAIP/SOUTHERN NOONGAR

MOTHER'S SIDE	SURNAME	GIVEN NAME	FATHERS SIDE	SURNAME	GIVEN NAME
MAIDEN NAME: →			NAME: →		
GRANDMOTHER'S MAIDEN NAME: →			GRANDMOTHER'S MAIDEN NAME: →		
GRANDFATHER'S NAME: →			GRANDFATHER'S NAME: →		
GREAT GRANDMOTHER'S MAIDEN NAME: →			GREAT GRANDMOTHER'S MAIDEN NAME: →		
GREAT GRANDFATHER'S NAME: →			GREAT GRANDFATHER'S NAME: →		

\*Applicants may be required to provide additional information upon request.

### APPLICANTS CONSENT TO RELEASE INFORMATION

I \_\_\_\_\_ give permission for the SWALSC Researchers to release information relating to my application (including family tree and other documentation) to the Trust to determine my eligibility to benefit from the WKS N Trust.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BANK ACCOUNT DETAILS**

<b>NAME:</b>
<b>BANK:</b>
<b>BSB:</b>
<b>ACCOUNT NUMBER:</b>

**DECLARATION BY THE APPLICANT**

I declare that all the information provided with this application is true and correct to the best of my knowledge. I acknowledge that any decision made in relation to this application is at the complete discretion of the Wagyl Kaip and Southern Noongar Native Title Charitable Trust Advisory Trustees. If assistance is provided and it transpires that I have knowingly provided false or misleading information, I may be requested to repay any monies received from the Trust as a result of that false and misleading information.

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>HAVE YOU?</b>	
Provided all personal contact details including BSB and bank account numbers?	
Provided details of your family connection to Wagyl Kaip Southern Noongar region?	
Signed the applicants <i>Consent to Release Information</i> (page 1)?	
Provided a copy of your proof of age e.g. drivers licence, Centrelink income statement, birth certificate, proof of age card, passport?	
Signed the <i>Declaration by the Applicant</i> (page 2)?	
Provided <i>100 points of identification</i> documentation (refer Attachment 1, page 3)?	

**PLEASE FORWARD YOUR COMPLETED APPLICATION FOR ELDERS ASSISTANCE TO:**

WКСN Charitable Trust

**Email:** [communitytrusts@eqt.com.au](mailto:communitytrusts@eqt.com.au)

For more information, please contact Nic Merson on 0417 081 083

# ATTACHMENT 1

## Anti-Money Laundering and Counter Terrorism Financing Act (2006)

The **Anti-Money Laundering and Counter Terrorism Financing Act (2006)** requires financial institutions like Equity Trustees to conduct checks for all beneficiaries where electronic funds transfers (EFT) are made direct to your personal bank account. Please provide 100 points of Identification as outlined below.

### 100 Points ID check – Individual Checklist

All potential beneficiaries applying must complete the identification procedures. The checklist below contains the information we require to establish you as a beneficiary and conduct the required risk assessments. Further information may be collected from you to support the establishment process (if required).

The documents you supply **MUST add up to a minimum of 100 points**.

SECTION A	You MUST provide one or two from the following category (unless document under Special Provision provided)	
<b>Primary documents</b>	<b>Primary document (without photograph)</b>	
Driver's License – Australian Government Issue	70	Birth Certificate 70
Passport or Other International Travel Document	70	Citizenship certificate 70
Proof of Age Card	70	Social Security / Pension Card 70

SECTION B	If the total in SECTION A doesn't add up to 100 points, you may provide as many of the following documents to help make up the remaining points to hit the 100 points criteria	
<b>Secondary documents</b>	<b>Special Provisions</b>	
Medicare card	30	Indigenous/Torres Strait Islander – Community letter 100
Australian Taxation Office notice	30	Indigenous/Torres Strait Islander Communities – Identity Cards 100
A utility bill	30	BNZA Customer 100
Tertiary education institution photo identity	30	JBWere customer 100
Identity card / Permit Other – Australian Government issue includes boat license, shooting license etc	30	Recent Arrival – International travel documents 100
International License	30	Verifying officer 100
Licence paper – Australian Government issue	30	
Rates notice	30	

### Flexible Approach for Aboriginal and Torres Strait Islander Customers

If you are unable to provide 100 points of identification as described above, alternatively you can consider the following options:

1. an Indigenous community identity card;
2. a reference from a community Elder;
3. a reference from a board member of a local Aboriginal Land Council or Aboriginal/Torres Strait Islander organisation;
4. a government letter that shows your full name and address.

## Designated List of Occupations and Professions

People from the following list of professions and occupations can complete identity declarations and endorse photographs. They must:

- be an Australian citizen, or
- if applying overseas, a citizen of your country of residence if no Australian citizen is known to you

**And**

- not be related to you by birth, marriage or de-facto relationship
- be easy to contact by telephone during normal working hours

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1. Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the *Consular Fees Act 1955*)
  2. Bailiff
  3. Bank officer with 5 or more years of continuous service
  4. Building society officer with 5 or more years of continuous services
  5. Chiropractor (licensed or registered)
  6. Clerk of court
  7. Commissioner for Affidavits
  8. Commissioner for Declarations
  9. Credit union officer with 5 or more years of continuous service
  10. Dentist (licensed or registered)
  11. Fellow of the National Tax Accountant's Association
  12. Finance company officer with 5 or more years of continuous service
  13. Judge of a court
  14. Justice of the peace
  15. Legal practitioner (licensed or registered)
  16. Magistrate
  17. Marriage celebrant licensed or registered under Subdivision C of Division 1 of Part IV of the *Marriage Act 1961*)
  18. Master of a court
  19. Medical practitioner (licensed or registered)
  20. Member of Chartered Secretaries Australia
  21. Member of Engineers Australia, other than at the grade of student
  22. Member of the Association of Taxation and Management Accountants
  23. Member of the Australian Defence Force with 5 or more years of continuous service
  24. Member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants
  25. Member of the Parliament of the Commonwealth, a State, a Territory Legislature, or a local government authority of a State or Territory
  26. Minister of religion licensed or registered under Subdivision A of Division 1 of Part IV of the *Marriage Act 1961*
  27. Nurse (licensed or registered)
  28. Optometrist (licensed or registered)
  29. Permanent employee of Commonwealth, State or local government authority with at least 5 or more years of continuous service
  30. Permanent employee of the Australian Postal Corporation with 5 or more years of continuous service

31. Pharmacist (licensed or registered)
32. Physiotherapist (licensed or registered)
33. Police officer
34. Psychologist (licensed or registered)
35. Registrar, or Deputy Registrar, of a court
36. Sherriff
37. Teacher employed on a full-time basis at a school or tertiary education institution
38. Veterinary surgeon (licensed or registered)

## **Certification Wording**

The people from the designated list of occupations (above) can certify copies of your original documents. No specific form of wording is required by legislation however, the department suggests the following wording be used for:

### **SINGLE PAGE documents**

*I certify that this is a true copy of the document produced to me on <date>.*

*Signature*

*Name*

*Qualification (e.g. JP, Pharmacist)*

*Telephone Number*

### **MULTIPLE PAGE documents**

*I certify this and the following <insert number> pages to be a true copy of the original as sighted by me on <date>.*

*Signature*

*Name*

*Qualification (e.g. JP, Pharmacist)*

*Telephone Number*