

WAGYL KAIP SOUTHERN NOONGAR TRUST FUND

ELDER ASSISTANCE APPLICATION FORM

2024 Financial Year only – Elder payments available for WKSN people aged between 70-90 years of age.

To apply you must be a: -

- 1. Wagyl Kaip/Southern Noongar person and aged between: -
- 2. 70 years of age (born in 1954 \$1,000);
- 3. 80 years of age (born in 1944 \$1,500) or
- 4. 90 years of age (born in 1934 \$2,000).
- Applications must be lodged before 30th June 2024.
- Applications received after this date will not be considered.
- No retrospective payments will be made e.g., if you are 80 years of age you can not apply for the 70-year-old payment.

NAME:			
POSTAL ADDRESS:			
TELEPHONE NO:			
EMAIL ADDRESS:			
SWALSC OR WKSNAC MEMBERSHIP NUMBER: DATE OF BIRTH:			
ARE YOU A MEMBER OF THE WAGYL KAIP OR SOUTHERN NOONGAR CLAIM GROUP?			
DETAILS OF FAMILY CONNECTION TO WAGYL KAIP/SOUTHERN NOONGAR			

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			GRANDMOTHER'S			
MAIDEN NAME:			MAIDEN NAME:			
			-			
GRANDFATHER'S			GRANDFATHER'S			
NAME:	→		NAME:			
GREAT			GREAT	,		
GRANDMOTHER'S	→		GRANDMOTHER'S			
MAIDEN			MAIDEN =	→		
NAME:			NAME:			
GREAT			GREAT			
GRANDFATHER'S	→		GRANDFATHER'S			
NAME:			NAME:			

^{*}Applicants may be required to provide additional information upon request.

APPLICANTS CONSENT TO RELEASE INFORMATION					
I give permission for the SWALSC Reservelating to my application (including family tree and other documentation) eligibility to benefit from the WKSN Trust.					
APPLICANT'S SIGNATURE: DATE:					
BANK ACCOUNT DETAILS					
NAME:					
BANK:					
BSB:					
ACCOUNT NUMBER:					
DECLARATION BY THE APPLICANT					
	omplete discretion of the Wagyl If assistance is provided and it may be requested to repay any				
HAVE YOU?					
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 100 points of certified personal identification documentation (refer Attachment 1, page 3)?					

PLEASE FORWARD YOUR COMPLETED APPLICATION FOR ELDERS ASSISTANCE TO:

WKSN Charitable Trust

Email: 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)			
Primary documents		Primary document (without photograph)			
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			
Secondary documents		Special Provisions			
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	30	Recent Arrival – International travel documents	100		
issue includes boat license, shooting license etc					
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 resident 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
- 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
- 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 Practicing 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 of 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