
 Port Curtis Coral Coast Trust Ltd  
 Level 1/3 Maryborough St  
 BUNADBERG Q 4670

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 PO Box 537  
 BUNDABERG Q 4670

## PCCC Age Pension Assistance Program 2024 Application

**Application closing date: 5pm, Friday 13<sup>th</sup> December 2024**  
***(APPLICATIONS RECEIVED AFTER CLOSING DATE WILL NOT BE CONSIDERED)***

If you previously applied and received the PCCC Ltd Age Pension Assistance Payment last year, you do not need to reapply.

Please return your completed application via email to [reception@pccctrust.com.au](mailto:reception@pccctrust.com.au) or via post to Port Curtis Coral Coast Trust Limited, PO Box 537, BUNDABERG QLD 4670

### APPLICANT INFORMATION: Please print clearly and in capital letters

Surname:	First Name:	
Street address:		
City:	State:	Post Code:
Phone:	E-mail:	
PCCC Group:	Apical Ancestor:	
PCCC Ltd Membership No:		

**NOMINATED CONTACT:** You may wish to nominate a person who can be contacted on your behalf regarding your application. This person must be acquainted with the details of your application.

Name of contact:

Phone:

Email:

**AGE PENSION ASSISTANCE PAYMENT (65+ Years):** Please provide Aged Care Pension Card ID from Centrelink for this payment.

Proof of Age Pension Card (65+ Years)   
(please tick checkbox if supplied)

Card No.:

Valid until: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ATTACH THE FOLLOWING INFORMATION:** (Compulsory information for approval of PCCC Age Pension Assistance Program)

- Centrelink confirmation of pension (aged pension card ID) or photo identification with date of birth
- Name of bank institution and BSB \_\_\_\_\_
- Account name \_\_\_\_\_
- Account number \_\_\_\_\_

**DECLARATION:**

- I declare that the information I have provided on this form is complete, accurate and that my application meets the PCCC Ltd Socio Program Age Pension Assistance Program policy and criteria.
- I understand that my application will be considered in accordance with PCCC Ltd Age Pension Assistance Program Policy.
- I understand and accept that the PCCC Ltd Directors decision to approve or not approve this application is final.
- I understand that I may be required to provide additional information.
- I understand that if I provide false or misleading information, I may be precluded from obtaining future PCCC Trust assistance.

Signature of applicant:

Date:

Signature of nominated contact (optional):

Date:

***What happens after I have submitted my application?***

**Successful Applicants and current approved PCCC Age Pension:**

A letter will be sent confirming the date of processing of payment.

**Unsuccessful Applicants**

A letter will be sent advising reasons for unsuccessful application.