Port Curtis Coral Coast Trust Limited

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

(07) 4167 0037
reception@pccctrust.com.au
PO Box 537
BUNDABERG Q 4670

Age Pension Assistance Program

2025 Application

Application closing date: 5pm, Friday 12th December 2025
(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 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 ASSITANCE 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.