
THIS FORM REQUIRES COMPLETION EVERY YEAR

AOTEAROA TRUST

KAUMĀTUA GRANT – ANNUAL CONFIRMATION

Name

Beneficial Owner's Shareholding Number

Date of Birth

Address No change New Details

.....
.....

Telephone No change New Number

Email No change New Email

Bank Account Details No Change

New Bank Account details for payment

Name on the Account

Bank..... Branch

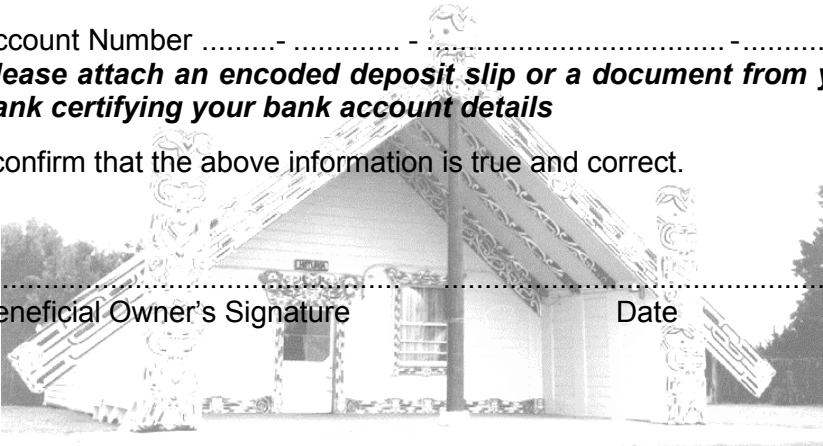
Account Number

Please attach an encoded deposit slip or a document from your bank certifying your bank account details

I confirm that the above information is true and correct.

Beneficial Owner's Signature

Date



KAUMĀTUA GRANTS

The Trustees of the Aotearoa Trust have resolved to pay a Kaumātua Grant of \$200 to Beneficial Owners who are over the age of 65. This payment is to assist the wellbeing of Kaumātua and will be scheduled to be paid in July each year.

Application forms for the Kaumātua Grant will be sent out with annual dividend letters to all Kaumātua on the database who are or will be aged 65 or older as at 31 December of that year.

The approval of a Kaumātua Grant is subject to the following criteria being met:

- ❖ The eligibility for a Kaumātua Grant is set at 65 years of age or older.
- ❖ The applicants for the Kaumātua Grant must be a beneficial owner of Aotearoa Trust Wharepuhunga 16B8. In the case of Whanau Trusts, qualifying beneficiaries are eligible for Grants provided they can whakapapa back to the original shareholder prior to the establishment of the Whanau Trust.
- ❖ The payment of a Kaumātua Grant must be made directly into the bank account of the registered shareholder/beneficial owner.
- ❖ Shareholders/Beneficial owners who live outside of New Zealand are eligible for the Kaumātua Grant, but they must have a New Zealand bank account in the beneficial owners name for payment.
- ❖ Applicants must complete and return the Kaumātua Grant Application Form and thereafter a Kaumātua Grant Annual Confirmation Form.

Further application forms can be accessed from the Trusts website www.aotearoatrust.co.nz/resources .

KAUMĀTUA GRANT APPLICATION FORM

For Beneficial Owners 65 years of age or older

Beneficial Owner's Name

Preferred Name

Beneficial Owner's Shareholding Number

Beneficial Owner's Address

.....

.....

Home Phone Mobile

Email Address

IRD Number DOB.....

Proof of Age Required

Please attach a copy of one of the following, either your birth certificate, drivers licence, passport or Superannuation gold card.

Bank Account details for payment

Name on the Account

Bank..... Branch

Account Number -..... -

Please attach an encoded deposit slip or a document from your bank certifying your bank account details

I confirm that the above information is true and correct and that proof of my age is attached.

.....
Beneficial Owner's Signature

.....
Date

STATUTORY DECLARATION

If proof of age can not be provided please complete the Statutory Declaration attached.

I (Beneficial Owner's Name)
of
..... (Beneficial Owner's Address)

Do solemnly declare that I (Name) was born on:

The day of year.....

Declared at

This day of year.....

Before

A Solicitor of the High Court of New Zealand or Justice of the Peace

**Please return forms by 28 February to
The Secretary, Aotearoa Trust, Cleland Hancox Limited,
P O Box 9495, Hamilton 3240
Fax 07 838 1667; Email info@clelandhancox.co.nz**