

# MINOR TRUST – MAINTENANCE PAYMENT REVIEW

**This form is to apply for Trust funds to support the maintenance of the child.** Before completing this form, it's important to know that when funds are used from the Trust, there will be less money available to be invested, which will reduce investment returns and the amount of money available for the child at the end of the Trust. Where possible it's recommended that alternative funding be sought prior to requesting funds from the Trust.

Please complete this form and return to:

Queensland Public Trustee

**by post** to PO Box 220, Margate Beach QLD 4019

**by email** to [minors@pt.qld.gov.au](mailto:minors@pt.qld.gov.au) and quote the reference number located in your letter

## Section 1 – Details of beneficiary

Full name	
Date of birth	
Reference number <i>(contained in letter)</i>	

## Section 2 – Details of guardian

Full name	
Relationship to minor	
Address	
Telephone	
Date	
Do you still require funds from the Minor Trust for maintenance of the child?	Yes No

**If no**, please return this form to us so we can cease future maintenance payments.

**If yes**, please complete the Section 3.

## Section 3 – Child maintenance requirements

Provide the following information about the child who is named as beneficiary of the Minor Trust.

Is the child a full-time dependent under your care?	Yes No
Does the child live with you full-time?	Yes No
Is the child employed?	Yes No
<b>If yes</b> , what date did they commence employment?	
Do you have sole responsible for maintenance of the child?	Yes No

If you are sharing responsibility with another person for the maintenance of the child, please provide the following information.

Full name of the other person	
Their relationship to the child	
Their contact number or email address	

## Section 4 – Fund request details

Total amount of funds requested	\$
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If ongoing payments are being requested, please provide the following information.

Payment amount	\$			
Payment frequency	Fortnightly	Monthly	Quarterly	
How long are maintenance payments required?	3 months	6 months	9 months	12 months

Provide details about what the funds are for and how they will benefit the child.

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## Section 5 – Bank authority

If your request is approved, please provide details below as authority for a direct credit to be made to your personal bank account. We will call you prior to depositing the funds to confirm your bank details.

Account name			
Bank name		Branch name	
BSB			
Account number			

## Privacy information

Queensland Public Trustee (QPT) takes privacy seriously and must comply with the Information Privacy Act 2009 (Qld) (IP Act). The IP Act contains privacy principles which set out how QPT handles personal information. Unless required or authorised by law, QPT will only use personal information collected for the purpose for which it was given and for related internal training, management or service improvement purposes. For more information view our [Privacy Statement](#).