

MINOR TRUST – FUND REQUEST FOR HEALTH / EDUCATION

This form is to apply for Trust funds to support the health and education 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 and quote the reference number located in your letter

Section 1 – Trust details

Provide your details so we can contact you about this request.

Full name of Minor who holds the Trust	
Reference number (<i>contained in letter</i>)	

Full name of Guardian	
Date of birth	
Email	
Telephone	

Section 2 – Beneficiary financial requirements

Provide details of funds being requested to benefit the child's direct benefit. **Note:** If the fund request is approved, Queensland Public Trustee will require a copy of the invoice for payment direct to the supplier. Please ensure the invoice is in the name of the child.

Purpose of the request		Description	Amount
Education (fees, computer or other)	Yes	No	
			\$
Health (medical expenses)	Yes	No	
			\$
Other	Yes	No	
			\$

Is funding being requested for a school laptop?	Yes	No
If yes, please provide details of the Bring Your Own Device (BYOD) requirements stipulated by the school.		

Provide information to show how this fund request will directly benefit the child.

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Has the expense already been paid? If yes , complete section 4.	Yes	No
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Section 4 – Reimbursement details

Only complete this section if the expenses have already been paid for and you are seeking a reimbursement.

You will need to provide copies of all receipts relating to this fund request. If there are multiple receipts, please summarise the information in the table below.

Receipt number	Supplier name	Description of expense	Amount
			\$
			\$
			\$
			\$
			\$
			\$

Provide your 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	
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 as per our Privacy Statement at www.pt.qld.gov.au/about-us/privacy