

# 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](mailto: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 |  |
| 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.

| Additional expenses required over the next 12 months |     | Description | Amount |
|--|-----|-------------|--------|
| Education<br>(fees, computer or other)               | Yes | No          | \$     |
|  |     |             | \$     |
| Health<br>(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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|  |
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|  |     |    |
|--|-----|----|
| Has the expense already been paid? <b>If yes</b> , complete section 4. | Yes | No |
|--|-----|----|

## 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. For more information view our [Privacy Statement](#).