state trustees
your interests at heart

Trustee Services
Application for Funds

STL Reference: **Trust:**

Applicant Details Please use **BLOCK LETTERS.**

Note: All fields in this form, except the signature, can be filled in electronically – use the tab key to move between fields and click checkboxes to select relevant options. You can also print a blank form and complete it using black or blue pen. Application cannot be processed without a valid signature.

☐ Mrs ☐ Mr ☐ Miss ☐ Ms **Family Name** **Given Names**

Postal address

Suburb **Postcode**

Phone: Mobile **Home** **Work**

Email

Electronic Funds Transfer (EFT) Details

Name the account is held in

Bank | Financial Institution name **Branch**

BSB number (6 digits) - **Account number (up to 10 digits)**

Please submit accounts to be paid or original receipts for which you require reimbursement. If accounts have not been paid, cheques will be made payable and forwarded directly to the service/goods provider. Receipts and account will be retained. Should you require them for exchange, insurance or warranty purposes please contact our office.

I declare that: the information provided in this form is complete and correct.
I understand that: giving false or misleading information is a serious offence.

Signature **Date** DD MM YYYY

Privacy Statement: State Trustees seeks to maintain the accuracy of the personal information it holds about you to assist us in providing our services to you. You are entitled to gain access to the information that you provide to us. For a full copy of our privacy policy go to **www.statetrustees.com.au** or call **+(613) 9667 6200.**

Provider of Goods/Service	Amount	Have you paid the provider?
Example: K Mart	$150.00	☐ YES ☐ NO
	$	☐ YES ☑ NO
	$	☐ YES ☐ NO
	$	☐ YES ☐ NO
	$	☐ YES ☐ NO
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	$	☐ YES ☐ NO
TOTAL	$	