



## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information](#)

<b>Your name</b>	<input type="text"/>		
<b>Your date of birth</b>	<input type="text" value="/"/>	<input type="text" value="/"/>	<b>DVA File Number</b> <input type="text"/>
<b>Contact telephone number</b>	<input type="text"/>		
<b>Partner's name</b>	<input type="text"/>		

## PART A Details of the Special Disability Trust

**1 What is the name of the Special Disability Trust?**   
This will be referred to as 'the trust'.

**2 Trust Centrelink Reference Number (Trust CRN) - (if applicable)**

If you have a CRN for this trust, please write that number here. If you do not have a CRN for this trust, please write "NIL".

**3 Tax File Number (TFN) (if applicable)**

**4 The person we can contact about details given on this form including future annual financial statements of the trust**  
*(e.g. yourself, your tax agent or accountant)*

Name of person	<input type="text"/>
Business name (if applicable)	<input type="text"/>
Their position in relation to the trust	<input type="text"/>
Their postal address	<input type="text"/>
	Postcode <input type="text"/>
Their daytime phone number	<input type="text" value="( )"/>
Their fax number	<input type="text" value="( )"/>
Their email address	<input type="text"/>

**We will review the income and assets of the trust annually to coincide with the lodging of the trust income tax return**

**5 In which month does the contact person want the annual review conducted?**  The month chosen should be shortly after the trust income tax return has been lodged

**6 Details of the trustee(s) and appointor (if applicable)** The **trustee** may be a person or company. the name of the trustee(s) appears on the trust tax return and the trust deed. The **appointor** may also be known as the guardian. It is generally the person who establishes the trust and who has the power to appoint or dismiss the trustee(s).

Name of trustee	DVA file number or CRN	Date of birth (if a person)
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>
Name of appointor (if applicable)	DVA file number or CRN	Date of birth (if a person)
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/>

**7 Details of contributions to the trust** - please ensure that all contributions to the trust are recorded in the table below.

Full name	CRN - if known	Date of birth	Relationship to beneficiary	Date of contribution	Amount contributed
		/ /		/ /	\$
		/ /		/ /	\$
		/ /		/ /	\$
		/ /		/ /	\$
		/ /		/ /	\$

**8 Who is the beneficiary of the trust?**

Full name

Date of birth

DVA file No. or CRN if known

Relationship to:  
**trustee(s)** if a person;  
**director(s)** if there is a corporate trustee

Relationship to **appointer(s)** - if known

**PART B Attachments**

**9 Please attach copies of the following documents which relate to the trust.**

The copies will not be returned.

Trust Deed  Depreciation schedule  Balance sheet

Latest tax return for the trust  Profit and loss statement

*If applicable:*

Trading account details

A completed real estate form for each property owned by the trust

A copy of the council rates notice for each property owned by the trust

Beneficiary loan account details - individual account balances

Notes to and forming part of the account

Evidence of the trust ceasing to trade

Copies of any written agreements concerning loans involving associates to the trust

Any other information which would help us make a decision about who controls the trust

**PART C Declaration**

**10 Please read and sign this Declaration**

- I declare that the details provided in this form are complete and correct.
- I declare that the trust documents provided are genuine.
- I declare that the personal income tax return I have provided, with this form or with another trust or company form, is a genuine copy.
- I am aware that there are penalties for making false statements.
- I authorise the Department of Veterans' Affairs to obtain information needed to process, determine or review this claim.
- I consent to the release of any relevant information to the Department of Veterans' Affairs by any organisation, in relation to this claim or its review.

You must sign this form yourself if you can – even if someone else has filled it in for you. If someone else signs on your behalf they must provide their authority for signing.

Print full name

Signature 

Your partner's signature 

**Please return this form to the Department of Veterans' Affairs, GPO Box 9998, Brisbane QLD 4001.**