



The New Zealand Anglican Church Pension Board

Application for Financial Assistance

Please return this application form and any relevant information to your Pension Committee.

The Anglican Church in Aotearoa, New Zealand and Polynesia, as part of its pastoral care for clergy and their families, has entrusted funds to the Pension Board to be used to assist clergy and widow/ers in times of financial need.

In considering an application the Board works closely with the Pension Committee of the relevant Diocese or Hui Amorangi. The Board always asks for a recommendation from the Pension Committee before making a decision. In certain cases the Pension Committee has authority to make the decision on behalf of the Board.

The Board understands that some people are uncomfortable filling out forms, particularly when it involves their personal circumstances. However, to fulfil its trustee obligations the Board must ask certain personal questions to verify that the claim falls within the terms of the trust. All information disclosed will remain confidential.

If you have any queries about making an application you should contact either your Bishop, the Registrar/Administrator, a Pension Committee member or the Pension Board's office.

Applicant Details

Name

Telephone (DAYTIME) (0)

Date of Birth / /

Postal address

Marital Status [PLEASE TICK] Single / Widowed Married / Civil Union Separated De facto

Age of Dependents

Diocese / Hui Amorangi

Qualifying Category [PLEASE TICK] Stipendiary Clergy Retired Clergy Non Stipendiary Clergy or Minita-a-iwi Clergy Widow or Widower

Claim Details

Amount applied for: \$

What particular expense(s) do you need assistance with? Please provide full details. Attach a further page if necessary along with evidence of costs.

Have you sought help from other agencies? [WINZ, Other Church Trusts]

Yes [Please Detail]

No

FINANCIAL DETAILS: (MUST BE COMPLETED FULLY & ACCURATELY)

Periodic income and expenditure amounts [eg fortnightly, monthly, quarterly or annually] should be averaged monthly [e.g. for fortnightly multiply by 26 and then divide by 12; Quarterly, multiply by 4 and divide 12].

Monthly Combined Household Income

	Monthly Income [AFTER TAX]
Stipend / Salary / Wages / Benefit	
Applicant	\$
Spouse / Partner	\$
Allowances Housing / travel / books etc.	\$
Church or other private pension	\$
NZ Superannuation (combined)	\$
Rental Income	
Interest / Dividends	\$
Family Trust Income	\$
Other Regular Income Child Support , Working for Families, etc.	\$
Total monthly income	\$

Monthly Combined Household Expenditure

	Estimated Monthly Costs
Mortgage payments or Rental payments	\$
Credit cards, Hire Purchase, Personal loan repayments	\$
Store cards	\$
Household costs power / gas / telephone / rates / maintenance etc.	\$
Living Expenses food / groceries / clothing etc.	\$
Motor vehicle expenses running expenses / registration / maintenance etc.	\$
Insurance premiums house / contents / health / life / auto etc.	\$
Offerings / donations / gifts	\$
Retirement savings	\$
Total monthly expenditure	\$

Statement of Assets [AT DATE OF APPLICATION]

	Estimated Current Value
Bank	
Cheque	\$
Savings	\$
Private investments	
Shares	\$
Term deposits	\$
Other _____	\$
Superannuation / KiwiSaver	
Applicant	\$
Spouse / partner	\$
Property [PROPERTY USE I.E. RENTAL, FAMILY HOME]	
Property 1	\$
Property 2	\$
Vehicles	
Automobile _____	\$
Boat / Caravan	\$
Life Insurance [PLEASE SPECIFY COMPANY AND SURRENDER BALANCE]	\$
Total assets	\$

Family Trust

Have you set up a family trust and/or are you a trustee/beneficiary of a family trust? Yes [PLEASE SPECIFY] No

Acting as guarantor

Are you guaranteeing a loan for any other persons? Yes [PLEASE SPECIFY] No

Statement of Liabilities [AT DATE OF APPLICATION]

	Balance Outstanding
Car loan [PLEASE SPECIFY LENDER]	\$
Hire purchase [PLEASE SPECIFY]	
HP 1 from _____	\$
HP 2 from _____	\$
Personal loan [PLEASE SPECIFY LENDER]	
Loan from _____	\$
Mortgages [PLEASE SPECIFY MORTGAGE HOLDER]	
Property 1	\$
Property 2	\$
Credit cards [PLEASE SPECIFY TYPE]	
Card 1	\$
Store cards [PLEASE SPECIFY TYPE]	
Card 1	\$
Card 2	
Outstanding accounts i.e. rates, utilities, etc. [PLEASE SPECIFY]	
Arrears 1 _____	\$
Arrears 2 _____	\$
Other [PLEASE SPECIFY]	\$
Total liabilities	\$

Important Additional Information

Please supply any additional information that you think might be relevant to your application. This might include:

- Any correspondence relevant to the application
- Invoices / estimates for treatment

Declaration

I declare that the information supplied is true and complete. I have not withheld any information on my financial position that may affect the Board's decision on this application. I authorise the Board or its agent to make such enquiries as they deem necessary in order to verify the details set out in my application.

I agree that the information provided on this form be given to the Board in order to assess my eligibility for a grant. I understand the information will be confidentially retained by the Board but will only be used for administration and statistical purposes.

SIGNATURE

DATE

PENSION COMMITTEE SECTION

This page is to be completed by the Pension Committee in conjunction with the Checklist in the Pension Committee Guide.

Name of Diocese or Hui Amorangi supporting this application:

Has the Diocese / Hui Amorangi provided any financial assistance in addition to the amount applied for? Yes No

If Yes, how much was provided?

Can a church trust provide any financial assistance in addition to the amount applied for? Yes No

If Yes, what trust?

Is the Pension Committee satisfied that the information & financial details are correct? Yes No
[IF NO please comment below and insert new figures alongside current figures under Financial Details]

Is the Pension Committee satisfied that the applicant does not need budgetary advice/intervention? Yes No
[If NO please state what recommendations you have made to the applicant.]

Is this application supported by the Pension Committee? Yes No

Amount of assistance recommended by the Pension Committee:

Recommendation: [As recorded in Committee's minutes]

Further comments

Once the Pension Committee has made a decision and this has been recorded here, please return the completed application form together with any supporting documentation to:

The Funds Administrator
New Zealand Anglican Church Pension Board
P O Box 12-287,
WELLINGTON 6144

Fax (04) 473 9991 Ph (04) 473 9369

FOR PENSION BOARD OFFICE USE ONLY

Management confirms that the regulations regarding welfare applications have been followed and the information supplied is complete to the best of our knowledge.