

Customer Information Form

Information you provide on this form will help NSW Trustee & Guardian to support a financially managed customer. If you're not sure of the exact information, please write approximate details.

If you need additional space, please attach a separate sheet.

We're here to help. If you need any assistance completing this form, please contact us on **1300 507 811**.

Once completed, please return to 1300507811@tag.nsw.gov.au or mail to **NSW Trustee & Guardian, Locked Bag 5115, Parramatta, NSW 2124**.

1 Your details

Name	Relationship
Address	
Email	Telephone

2 Customer personal information

Customer name			
Current address		Postcode	
Previous address		Postcode	
Mailing address (if different to current address)			
Email	Telephone		
Date of birth		Place of birth	
Gender	Male	Female	Non-binary
			Prefer not to say

Medicare number			
Centrelink Reference Number or Department of Veterans Affairs Reference Number (if applicable)			
Does the customer pay or receive child support? If yes, what is the Child Support Reference Number?		Yes	No
Is the customer an NDIS participant? If yes, please provide the NDIS number:		Yes	No
What forms of identification does the customer have? Tick all that apply.			
Passport:	Current	Expired	Driver licence: Current Expired
Birth certificate:	Current	Expired	Other: Current Expired
List other forms of identification (if any):			
Is the customer of Aboriginal and/or Torres Strait Islander origin? If both yes, please tick both 'yes' boxes.			
Yes, Aboriginal	Yes, Torres Strait Islander	No	
Does the customer identify as an Australian South Sea Islander?		Yes	No
Does the customer belong to any specific ethnic, cultural or religious groups? If yes, please provide details:		Yes	No
Does the customer speak any languages other than English at home? If yes, what languages?		Yes	No Not sure
Does the customer require an interpreter?		Yes	No
Does the customer require any other assistance? (For example, a sign interpreter, hearing loop or wheelchair/mobility access) If yes, what assistance is required?		Yes	No Not sure

3 Family and other supports

Family contacts

Please list any family members such as a spouse, partner, parents, siblings or children.

Name	Relationship (Please note if deceased)	Address	Email	Telephone

Primary contact person

Who is the primary person we can contact to assist us and the customer in making decisions?

Name	Relationship
Address	
Email	Telephone

Other key support contacts

Please list any other people we can contact to assist us in supporting the customer. This could be a case manager, carer, service providers, guardian, NDIS coordinator or other important people in their life.

Name	Relationship	Address	Email	Telephone

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Name	Relationship	Address	Email	Telephone

4 What the customer owns (assets)

Income

Please list any income the customer receives such as Centrelink or overseas pensions, a superannuation allocation, wages from employment or rental income.

Type of income	Who provides the income

Bank accounts

Please list any banking, building society or credit union accounts.

Name of institution	Account number	Location of card/ passbook	Names of any other signatories	Balance

Investments

Please list any bonds, superannuation, or managed funds.

Name of institution	Type	Balance

Shares

For shares held with the Australian Stock Exchange, the holder identification number or security holder reference number is located on holding statements.

Name of institution	Number of shares	Holder identification number or security holder reference number

Real estate

Please list any property owned including mobile homes and caravans.

Address			
Who lives in the property?			
Who holds the keys?			
Is the property insured? If yes, who is the building insurer?	Yes	No	Not sure
Are the home contents insured? If yes, who is the contents insurer?	Yes	No	Not sure
What value are the contents insured for?			

Does the customer have any items of significant value? If yes, please provide details:	Yes	No	Not sure
If the property is an investment and rented, who is the managing agent?			
Is there a strata manager? If yes, please provide details:	Yes	No	Not sure
Are the gardens maintained by anyone? If yes, who maintains them?	Yes	No	Not sure
Is any other maintenance required? If yes, please provide details:	Yes	No	Not sure

Motor vehicles

Make	Model	Year	Registration number
Car insurance company	Where is the vehicle kept?	Who drives the vehicle?	

Other assets, interests or entitlements

Please provide details of any other assets not already noted.

5 What the customer owes (debts and liabilities)

Regular expenses

Service	Provider	Is the cost of this service shared with anyone? If yes, please provide details:
Electricity		
Gas		
Water		
Phone		
Mobile phone		
Internet		
Chemist account		
Other (For example, gym memberships, subscriptions, Foxtel or online streaming services)		

Other debts

Please list any other debts such as mortgages, personal loans and credit cards.

Financial institution or provider	Type

6 Health and legal

Personal insurances

Please list any health, income protection and life insurances that the customer has.

Provider	Type	When is the next payment due?

Taxation

What is the customer's tax file number?		When was the last tax return lodged?	
Does the customer have an accountant or tax agent? If yes, please provide details:		Yes	No Not sure
Name	Address		
Email	Phone		

Solicitor

Does the customer have a solicitor? If yes, please provide details:		Yes	No	Not sure
Name	Address			
Email	Phone			

Power of Attorney

Please note a financial management order suspends a Power of Attorney from making financial and legal decisions on behalf of a person.

Do the customer have a Power of Attorney? If yes, please provide details:		Yes	No	Not sure
Name		Address		
Email		Phone		

Will and funeral arrangements

Does the customer have a Will? If yes, where is the Will kept? (Please provide a copy)		Yes	No	Not sure
When was the Will made?				
Does the customer have funeral insurance or a pre-paid funeral? If yes, please provide details:		Yes	No	Not sure
Does the customer have plans for their funeral such as a burial or cremation plot, or other funeral arrangements? If yes, please provide details including a copy of the burial certificate:		Yes	No	Not sure

7 Additional information

Please provide any other information that will assist us in managing the customer's money. For example:

- What does the customer hope to achieve with NSW Trustee & Guardian and their money?
- What money is needed for regular activities and hobbies?
- Is the customer saving for a major purchase or holiday?
- Does the customer plan to move to a new house?

All personal information collected will be dealt with in accordance with the *Privacy and Personal Information Act 1998*. The personal information of the customer will be held on their file by NSW Trustee & Guardian. NSW Trustee & Guardian may also need to contact other people or organisations to gather information about the customer's estate or to exchange information to manage their affairs.

Name (Please print)			
What is the best way to contact you? Choose one:			
Phone	Email	Post	Other (please describe below)
Signature		Date	