



Australian Government
Department of Veterans' Affairs

Application for Appointment of an Agent

An Agent may be appointed to manage a pension or allowance in accordance with the pensioner's wishes.

A pensioner living in residential aged care may choose to have their pension payments redirected to their aged care home to cover the costs of care. Once the costs of care are deducted, the remaining amount of the pension is paid to the pensioner. This is known as a group payment arrangement. In this case, the administrator of the aged care home is appointed as an agent, and agrees to manage the pension or allowance in accordance with the pensioner's wishes.

A pension or allowance will only be paid to an agent for the period specified by the pensioner.

Are you completing the correct form?

If the pensioner is so ill or infirm that they are incapable of managing their affairs, an **Application for Appointment of a Trustee** (form number D2505) should be completed instead of this one.

Agents are appointed under section 58D and section 122 of the *Veterans' Entitlements Act 1986*.

In case pages of this form become separated please place your name on the top of each page.

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](#)

Giving false or misleading information is a serious offence.

If any of the details you give in this form change, you are required under section 54 of the *Veterans' Entitlements Act 1986*, to notify the Department within 14 days (28 days if you live overseas or receive Remote Area Allowance). There are penalties for failure to notify the Department.

For information, please call the Department of Veterans Affairs (from anywhere in Australia) on:

1800 555 254

State	Address	Postal address
New South Wales	Centennial Plaza Tower B 280 Elizabeth Street Sydney NSW	GPO Box 9998 Brisbane QLD 4001
Victoria	300 Latrobe Street Melbourne VIC	GPO Box 9998 Brisbane QLD 4001
Queensland	480 Queen Street Brisbane QLD	GPO Box 9998 Brisbane QLD 4001
South Australia	Blackburn House 199 Grenfell Street Adelaide SA	GPO Box 9998 Brisbane QLD 4001
Western Australia	AMP Building 140 St Georges Terrace Perth WA	GPO Box 9998 Brisbane QLD 4001
Tasmania	Barrack Place 254 - 286 Liverpool Street Hobart TAS	GPO Box 9998 Brisbane QLD 4001
Northern Territory	Winnellie Central 14 Winnellie Road Winnellie NT	GPO Box 9998 Brisbane QLD 4001
Australian Capital Territory	6 Bowes Street Woden ACT	GPO Box 9998 Brisbane QLD 4001

Please write in BLOCK LETTERS using a blue or black pen (not pencil).

Pensioner's details

1. DVA file number (if known)

2. Your surname

3. Given name(s)

4. Date of birth

5. Residential address

6. Postal address

(if same as residential address write "As Above")

7. Why do you require an agent?

8. Do you need an agent for an indefinite period?

No - For what period do you require an agent?

From

to

Yes

9. Is someone already acting on your behalf?

No

Yes - Please specify

Agent

Trustee

Power of Attorney

If someone has a power of attorney over your affairs, please attach a copy of the appointment. This copy must be a certified copy (certified as true by a Justice of the Peace, a Commissioner for Declarations or another person before whom a statutory declaration may be made). If you provide the original document, the document will be sighted and verified by a DVA officer and returned to you by registered post.

Surname of person acting on your behalf

Given name(s)

Address

Telephone numbers (including STD area code)

Home

Work

Pensioner's details (continued on next page) ►►

Your full name

10. Is anyone else authorised to make enquiries to DVA on your behalf?

No

Yes - Please provide the following details:

Surname

Given name(s)

Telephone numbers (including STD area code)

Home ()

Work ()

Details of proposed Agent

If the proposed agent is from an organisation, e.g. an aged care home, please provide the name and contact details of the organisation's representative (i.e. the proposed agent).

11. Name of proposed agent

12. Residential address

If the proposed agent represents an organisation, please provide the organisation's address

Postcode

13. Postal address (if same as residential address write "As Above")

Postcode

14. Telephone number(s) (including STD area code)

Mobile

Fax ()

Work ()

Other Type of number Number (e.g. home telephone number)

 

A proposed agent will need to prove their identity to DVA by attaching certified copies of at least three different documents listed in *Proving Your Identity to DVA*, enclosed with this form.

If you wish to establish a group payment arrangement and appoint the administrator of the aged care home in which you live as an agent, they will need to provide:

- the organisations's ABN on this form; and
- the organisation's official stamp on this form.

Alternatively, they may provide an official letter on letterhead agreeing to group payment arrangements being established that includes:

- the contact details of the proposed agent;
- the organisation's payment destination details;
- the organisation's ABN; and
- the signature of the proposed agent.

For further information, see the Agent's Declaration section of this form.

Your full name

Payment details

15. If you wish to have your pension or allowance paid to a different account to where it is currently, please provide the following details.

Name of bank, credit union or building society

Branch

BSB number

 -

Account number

Account in the name(s) of:

16. Do you want your agent to receive mail on your behalf?

- No
 Yes

Agent's Declaration

17. Agent is a private individual

I am aware that as an agent I must:

- pay the pension or allowance to the pensioner;
- manage the pension or allowance in accordance with the pensioner's wishes;
- advise the Department in writing within 14 days if the pensioner dies, marries, is divorced or if any of the details given in this form change; and
- prove my identity to DVA before this application can be accepted.

I agree to receive payment of the pensioner's pension or allowance as agent of the pensioner.

I understand that if I am an appointed agent, I will be sent details of the Terms of the Agency. This will list my obligations in more detail.

Proposed agent's signature

Date

 / /

18. Group Payment Arrangement

I am aware that as an agent I must:

- pay the pension or allowance to the pensioner;
- manage the pension or allowance in accordance with the pensioner's wishes;
- advise the Department in writing within 14 days if the pensioner dies, or if any of the details given in this form change; and
- provide confirmation that I am the administrator/representative of the aged care home in which the pensioner resides by completing the information below.

I agree to receive payment of the pensioner's pension or allowance as agent of the pensioner.

I understand that if I am an appointed agent, I will be sent details of the Terms of the Agency. This will list my obligations in more detail.

Proposed agent's signature

Date

 / /

Group Payment Arrangement (continued on next page) ►►

Your full name

Group Payment Arrangement Continued...

You will need to do one of the following:

Provide the organisation's ABN *and* the organisation's official stamp (in the space provided below);

OR

Attach an official letter on letterhead agreeing to group payment arrangements being established that includes:

- *the contact details for the proposed agent;*
- *the organisation's payment destination details;*
- *the organisation's ABN; and*
- *the signature of the proposed agent.*

Organisation's ABN

Organisation's official stamp

Pensioner's Declaration

19. *I agree that the person named in this form may receive my pension or allowance as my agent.*

Pensioner's signature

OFFICE USE ONLY

Approval by Delegate of the Repatriation Commission under s. 122(2) of the *Veterans' Entitlements Act 1986*

Signature of Delegate of Commission

Terms of the Agency (Form D2693A) sent