

Redirection of benefit payment form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

A redirection of benefit payment is where part or all of your benefit is paid to another person or organisation by the Ministry of Social Development. Requests for a redirection will only be approved in special circumstances and for good reason.

You will need to show us why you can not use other options, such as paying by direct debit or using your bank's automatic payment service.

The other person or organisation who receives your payments does not have any power to act on your behalf in relation to the rest of your benefit or other dealings with us. If you want to give extra powers to another person or organisation, you will need to complete an Appointment of Agent form.

When you apply for a redirection of your benefit payment, you will need to:

- Give the reasons why you need to have part or all of your benefit paid to another person or organisation
- Tell us what other options you have tried and attach proof to support your application. For example, a recommendation from a doctor or budget advisor, a tenancy tribunal decision, proof from a bank that they will not provide the service you need (such as not allowing you to open an account or set up automatic payments)
- Attach proof of the bank account of the person or organisation that you want to receive your benefit payment
- Have the person (or a representative of the organisation) who will receive part or all of your benefit sign this form to show they agree to the redirection.

Client number

 | |

Tell us your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

Your benefit payments

3

Why do you need part or all of your benefit paid to another person or organisation?

INFORMATION FOR Q3:

You need to have good cause for this. For example, you are ill and unable to manage your own affairs, or you are having major problems managing your finances.

**ATTACHMENT FOR Q4:**

Please attach proof of this to support your explanation.

4

Please explain what efforts you have made to find another way for these payments to be made.

5

How much of your benefit do you want to redirect?

The whole amount

Part of my benefit

**Write how much**

\$

a week

Payee's details

6

What is the name of the person or organisation you want your benefit payment redirected to?

7

What is their postal address?

8

What are their contact details?

Phone	()
Mobile phone	()

9

What bank account would you want the payments to be paid into?

The account is in the name of:

The account number is:

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10

Is there a Payee's Reference that should be added?

No

Yes

**Please tell us the Payee Reference**

Client declaration

By signing this form, I understand that:

- this redirection of benefit will continue until I ask the Ministry of Social Development or my Contracted Service provider (if I have one assigned to me) to stop it
- I will advise the Ministry of Social Development or my Contracted Service provider (if I have one assigned to me) of any changes to this redirection, including the amount of benefit being redirected
- if this redirection is to pay bills or debts, I am responsible for them, and for advising the payee of any changes.
- the Ministry of Social Development will only pay the benefit due.

The information I have given is true and complete.

Client's name (print)

Client's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Helper's statement

Complete this if you have helped the client to complete this form.

What is your full name?

First and middle names

Surname or family name

What are your contact details?

Address

Phone number

- I completed this form at the request of the person applying for a redirection of their benefit. They told me they understood what they were signing.
- The statements and answers I have completed are true and complete as given to me by the person applying.

Helper's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Agreement of the person or organisation receiving the benefit payments

- I agree to receive benefit payments, from the client named above, at the amount stated in question 5.
- I understand that I am receiving all or part of the client's benefit, and I agree to use these payments as directed by the client or their agent.
- I understand that the payment will only be made where the client's payment is sufficient to cover the redirection. The client or their agent may change the redirection at any time.

Full name (print)

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

