

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'll need to show us why you can't 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 doesn't 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'll need to complete an Appointment of Agent form.

When you apply for a redirection of your benefit payment, you'll 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've 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 won't provide the service you need (like opening an account or setting up automatic payments)
- Attach proof of the bank account of the person or organisation you want to get your benefit payment
- Have the person (or a representative of the organisation) who'll get receive part or all of your benefit sign this form to show they agree to the redirection.

Client number

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Tell us your details

1

What's your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

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Your benefit payments

3

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

① INFORMATION FOR Q3:

You need to have good cause for this. For example, you have a health condition and can't manage your own affairs, or you're having problems managing your finances.

I have been unable to pay my Watercare account and have successfully applied to the Water Utility Consumer Assistance Trust for help with this. A copy of their approval letter outlining payments and write-off is attached to this form.

**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's the name of the person or organisation you want your benefit payment redirected to?

Watercare Services Ltd

7

What's their postal address?

Private Bag 94010, Newmarket, Auckland 2241

8

What are their contact details?

Phone

(09) 442 2222

Mobile phone

()

9

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

The account is in the name of:

Watercare Services Ltd

The account number is:

Bank

Branch

Account number

Suffix

0

2

0

1

9

2

0

1

1

5

0

5

5

0

0

2

10

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

☐

No

☒

Yes



If yes, please tell us the the Payee Reference



How we protect your privacy



**MINISTRY OF SOCIAL
DEVELOPMENT**
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Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy

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'll 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'm 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

Day

Month

Year

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Helper's statement

Complete this if you've helped the client to complete this application form.

Your first name

Your surname or family name

Your address

Your phone number

- I completed this application 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

Day

Month

Year

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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 I'm 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 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.
- I understand if I receive benefit payments from the client named on this form into an overseas bank account, my bank account information will be shared with the overseas banks.

Full name (print)

F Halliwell
Water Utility Consumer Assistance Trust

Signature

F Halliwell

Day

Month

Year

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