

Yinhawangka Direct Benefits Trust Yinhawangka Charitable Trust

Change of Banking Details Form

BENEFICIARY INFORMATION	
Application Date:	Date of Birth:
First Name:	Surname:
Address:	
Mobile Number:	Suffix: ☐ Junior ☐ Senior
Email:	
PREVIOUS BANK ACCOUNT DETAILS	
Account Name:	Bank Name:
BSB Number:	
Account Number:	
NEW BANK ACCOUNT DETAILS	
Account Name:	Bank Name:
BSB Number:	
Account Number:	
Effective Date:	
SUPPORTING DOCUMENTATION	
Please provide at least one of the following documents:	
Current bank statement confirming new bank details.	
Letter from the bank confirming new bank details.	
Beneficiary Signature:	Date: / /
Please send completed forms and supporting documents to Mutual Trust by: Fax: (08) 9230 7701 Email: perthadmin@mutualtrust.com.au Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909 If you have any queries, please contact us on (08) 9230 7700	