

**Communications Policy**
*Relief of Poverty & Disadvantage*

Provides each registered beneficiary with financial assistance with the costs associated with communication services such as mobile phone usage, residential home phones, Wi-Fi devices and internet connection at their registered place of residence. The policy does not include home entertainment packages (i.e. Foxtel, Netflix), accessories, handset repayments, third party purchases, the purchase of a mobile phone and other charges not relating to supply/connection.

**BENEFICIARY INFORMATION**

Application Date:	Date of Birth:	
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

Please tick if the phone number provided is a new number and you would like us to update your contact details

**DETAILS OF ACCOUNT**

Property Address:

Type:  Mobile Phone  Residential  Internet  Other

Supplier Name:

Period of Supply: Start Date / / End Date / /

**Total funds Requested: \$.....** Up to **\$15,000 per beneficiary per financial year (included in \$15,000 combined sub-limit)**

**REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?**

Have you already paid the bill?  Yes  No

If **'yes'** please provide:  Invoice detailing services from supplier and the amount paid; and  Receipt / Bank statement / Remittance / Pay slip showing the funds were paid from your bank account / were deducted from your salary.

If **'no'** please provide:  Invoice detailing services from supplier showing the amount owed; and  Supplier contact, payment details and ABN, these details should be included on the supplier invoice.

**Applications will NOT be processed until supporting documentation and supplier payment details are received.**

- I am not claiming benefits from another source for this expense (e.g. another Trust or employer).
- I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once all required supporting documentation has been received.**

**Beneficiary Signature:** ..... **Date:** / /

**NOTE: Please keep a record of your receipts as you may be asked to account for how these funds were spent as per the Yinhawangka Charitable Trust Deed.**

**Please send completed forms and supporting documents to Mutual Trust by:**  
**Fax:** (08) 9230 7701 **Email:** [perthadmin@mutualtrust.com.au](mailto: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