

Yinhawangka Direct Benefits Trust Distribution Application Form

Form Dated: 06/07/2022

Wealth Creation Purpose Application - to be completed by the Assignor

1. APPLICANT INFORMATI	UN		
Application Date:		Date of Birth:	
Full Name:			Suffix: ☐ Junior ☐ Senior
Street Address:			
City / Suburb:		State:	Postcode:
Email:		Phone:	
2. APPLICATION DETAILS			
The wealth creation application form is People. The purpose for the application completing this application, the Application 3 below.	n is to provide benef	it for a wealth creation pu	urpose for another beneficiary. By
Total Funds Requested to be assigned:	\$	A/-/-	M. #20.000
		Note	: Max \$20,000 per applicant per year
3. ASSIGNEE DETAILS			
I wish to assign my wealth creation ben People, who will be using the benefit for reduction in their mortgage in respect	or a wealth creation	ourpose in the form of a p	
Full Name:			Date of Birth:
Address:			
Email: Pho		Phone:	
4. PROPERTY DETAILS			
Property Address:			
Name of Assignee as listed on Certificate of Title / Offer and Acceptance			
Ownership Type:	☐ Tenants in Con	nmon 🔲 Joint T	enants
5. PAYMENT CONDITIONS			
Pursuant to cl 6.14 of the Yinhawangka Direct Benefits Trust the following Payment Conditions must be met in order to release distributions to Beneficiaries	e purpose disclosed for your application in Item 2 above.		



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6. SUPPORTING DOCUMENTATION – THE FOLLOWING DOCUMENTATION MUST BE PROVIDED, BY THE ASSIGNEE				
PURCHASE	Documentation confirming finance approval for balance of the purchase price			
MORTGAGE I understand that this application will not be considered until the Assignee identified in Item 3 above provides the supporting documentation listed.	Offer and Acceptance Bank account details of nominated home loan account Settlement Agent contact details Bank (Lender) and contact details			
 I understand that by signing this application form I am assigning my benefits under the Wealth Creation Policy to the Assignee, identified above, who will be utilising the funds to purchase a property and/or reducing their mortgage. I further understand that these benefits will not be available for my use in the financial year of this assignment. I am not eligible for benefits from any other funding source in relation to this account (e.g. another Trust or a Government agency). 				
Applicant Signature:	Date: / /			
Please send completed forms and supporting documents to Mutual Trust by: Fax: (08) 9230 7701 Email: perthadmin@mutualtrust.com au				

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