

Yinhawangka Direct Benefits Trust Distribution Application Form

Wealth Creation Application

BENEFICIARY INFORMA	TION				
Application Date:		Date of Birth:			
Full Name:			Suffix:	☐ Junior ☐ Senior	
Street Address:					
City / Suburb:		State:	Postcode:		
Email:		Phone:			
APPLICATION DETAILS					
Total Funds Requested:	\$ beneficiary for the final	Note: Temporarily in ncial year ending 30 Jun	creased to \$25,000 per e 2023		
Purpose of Funds:	☐ Business ☐ Superannuation ☐ Mortgage / Property ☐ Home Improvement ☐ Rent / Board ☐ Debt Reduction ☐ Needs of the Elderly ☐ Pension Payment	t / addition			
SUPPORTING DOCUMENT THE FOLLOWING DOCUMENT THE FOLLOWING DOCUMENT THE FORMAL PROPERTY OF THE P		T BE PROVIDED:			
BUSINESS (New or Existing):	 Details of business Business Plan (details business) Note: A beneficiary who	ess registration docume structure (Sole Trader/Pailing business activity & eo has received a busines iously before any addition	artnership, beneficiary as grant m	y's role within ust acquit for how the	
MORTGAGE/PROPERTY PURCHASE	Note: home loan accou application. Period of Payment:	unt details of applicant's unt must be in the name	of the bend		
	Finance (if requiredSettlement Agent of	eing purchased: nce form to purchase; du il) approval from your bar details, including banking	king instit details.	ution	



Yinhawangka Direct Benefits Trust Distribution Application Form

PERSONAL Copy of latest superannuation member statement including BPay details to **SUPERANNUATION:** make personal non concessional contribution. If a Self-Managed Super Fund, you will need member balance statement, financial statements (professionally prepared) and bank account details. Name of Superannuation Fund: _____ Membership Number:____ **RENT** or RENT: **HOME IMPROVEMENT /** Supplier bank details (Lessor/Real Estate Agent) ADDITION Lease agreement confirming beneficiary resides at address specified Date from/...... to/....... Please note we can only pre-pay up to 3 months in advance **HOME IMPROVEMENT / ADDITION:** Supplier quote and bank details; or Supplier receipt and your bank statement (showing you paid for works that you are seeking reimbursement for) Beneficiary must show proof that they have a current debt (such as a vehicle or personal or other loan, credit card debts) that require repayment. The beneficiary must be the person that the loan relates to, or complete an assigning Wealth Creation form to assign their available funds to another beneficiary for this purpose; Covers loans and debts that have been in existence for more than 1 year, not new loans or debts Can also include debts payable in relation to savings history and credit rating **REDUCING / MANAGING** for the purposes of having home loans considered, as these can impact **DEBTS AND LOAN REPAYMENTS** eligibility for a loan Loan agreement; and Where the loan is secured over an asset, proof that the asset is still owned by the beneficiary Current loan statement This policy is not designed to pay off regular credit card spending or similar situations. If there are any doubts on whether to approve funding, these instances are to be referred to the DMC to consider approval.



Yinhawangka Direct Benefits Trust Distribution Application Form

	Supporting documentation and applicable quotes or invoices for items improve the person's quality of life, including the person's health and wellbeing, which might include items such as:			
NEEDS OF THE ELDERLY OR INFIRM	 modifications to home and vehicles; mobility aids and equipment additional medical support payment of care facilities and support services 			
PENSION PAYMENTS	- Each application of this nature will be considered on a case by case basis. Each individual will be required to obtain financial advice before any payments from this policy are made. In some cases where an individual is receiving a Government Pension or other Government Benefits, these can reduce or stop if cash from the trust is over certain levels. The advice is needed to make sure that an individual person will not be left in worse financial position by receiving pension payments from the trust			

I am not eligible for benefits from any other funding source in relation to this account (e.g. another Trust or a Government agency).

Beneficiary Signature: Date: / /

NOTE: Please keep a record of your receipts as Business Grant recipients will be asked to account for how these funds were spent as per the Yinhawangka Direct Benefits Trust Deed.

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