

Financial Planning, Accounting & Tax Preparation Policy

Provides each registered beneficiary with financial assistance for their financial planning, accounting and tax return preparation services, home ownership planning and settlement services, estate planning and will drafting, plus personal (e.g. life and income protection) and asset (home, contents, vehicle) insurances.

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 SERVICE PROVIDED

\$.....	<input type="checkbox"/> Financial planning	Provider Name:
\$.....	<input type="checkbox"/> Accounting services	Provider Name:
\$.....	<input type="checkbox"/> Tax preparation	Provider Name:
\$.....	<input type="checkbox"/> Estate planning	Provider Name:
\$.....	<input type="checkbox"/> Will drafting	Provider Name:
\$.....	<input type="checkbox"/> Home ownership planning	Provider Name:

REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER

Total funds requested: \$	<i>Maximum assistance is \$5,000 per financial year for FY24</i>
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Have you already paid the bill? Yes No

If 'yes' please provide: Quote / invoice/ receipt detailing services and that the account has been paid; and / or Bank statement / remittance showing the funds were paid from your bank account.

If 'no' please provide: A quote or invoice from the supplier detailing the services and the amount owed; and Supplier contact, payment details and ABN.

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).
- 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 **Mail:** Mutual Trust, PO Box 122, NEDLANDS WA 6909
If you have any queries, please contact us on (08) 9230 7700