

Wealth Creation Application
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:	

APPLICATION DETAILS

Total Funds Requested:	\$
Purpose of Funds:	<input type="checkbox"/> Business <input type="checkbox"/> Superannuation <input type="checkbox"/> Mortgage / Property Purchase <input type="checkbox"/> Home Improvement / addition <input type="checkbox"/> Rent / Board <input type="checkbox"/> Debt Reduction <input type="checkbox"/> Needs of the Elderly & Infirm <input type="checkbox"/> Pension Payment

SUPPORTING DOCUMENTATION
THE FOLLOWING DOCUMENTATION MUST BE PROVIDED:

BUSINESS (New or Existing):	<ul style="list-style-type: none"> - <u>ABN</u> or other business registration documents - Details of business structure (Sole Trader/Partnership/Company/Trust) - <u>Business Plan</u> (detailing business activity & beneficiary's role within business) <p><i>Note: A beneficiary who has received a business grant must acquit for how the funds were spent previously before any additional grants will be considered in next financial year.</i></p>
MORTGAGE/PROPERTY PURCHASE	<p>Mortgage: Bank account details of applicant's home loan account; Note: home loan account must be in the name of the beneficiary making the application.</p> <p>Period of Payment:</p> <p>Month of: OR/...../..... to/...../.....</p> <hr/> <p>Property purchase: Address of property being purchased:</p> <hr/> <ul style="list-style-type: none"> • Offer and Acceptance form to purchase; duly completed by all parties • Finance (if required) approval from your banking institution • Settlement Agent details, including banking details. <p><i>Note: Payment can only be made directly to the Settlement Agent at time of settlement.</i></p>

PERSONAL SUPERANNUATION:	<ul style="list-style-type: none"> - Copy of latest superannuation member statement including BPay details to 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. <p>Name of Superannuation Fund: _____</p> <p>Membership Number: _____</p>
RENT or HOME IMPROVEMENT / ADDITION	<p>RENT:</p> <ul style="list-style-type: none"> - Supplier bank details (Lessor/Real Estate Agent) - Lease agreement confirming beneficiary resides at address specified - Date from/...../..... to/...../..... <p>Please note we can only pre- pay up to 3 months in advance</p> <hr/> <p>HOME IMPROVEMENT / ADDITION:</p> <ul style="list-style-type: none"> - Supplier quote and bank details; or - Supplier receipt and your bank statement (showing you paid for works that you are seeking reimbursement for)
REDUCING / MANAGING DEBTS AND LOAN REPAYMENTS	<ul style="list-style-type: none"> - 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 for the purposes of having home loans considered, as these can impact 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 <u>not</u> 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.

NEEDS OF THE ELDERLY OR INFIRM	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: <ul style="list-style-type: none">- modifications to home and vehicles;- mobility aids and equipment- additional medical support- payment of care facilities and support services
PENSION PAYMENTS	<ul style="list-style-type: none">- 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