MUTUAL TRUST

Ankamuthi Charitable Trust
Distribution Application Form

School Technology Support Policy

Advancing Social Welfare

Provides each registered beneficiary with financial assistance, for their biological children, to assist with costs associated with technology support (laptops, tablets, printers, software) for school aged children up to **$500** per child.

BENEFICIARY INFORMATION		
Application Date: _____/_____/_____	Date of Birth: _____/_____/_____	
Full Name:	Suffix: ☐ Junior ☐ Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

EDUCATION DETAILS	
School / Institution:	
Child's Name:	☐ son ☐ daughter
Year / Grade	Date of Birth: _____/_____/_____

FUNDS REQUESTED		
Supplier Name:	Item(s) purchased: ☐ Laptop ☐ Tablet ☐ Software ☐ Printer	
Total funds requested:	**$**	(capped at $500 per biological child)

REIMBURSEMENT OR PAYMENT DIRECT TO SUPPLIER?	
Have you already paid the educational cost/ fee?	☐ Yes, provide receipt / bank statement / remittance showing the funds have been paid. ☐ No
Have you attached?	☐ Quote/ invoice detailing items purchased, amount charged, supplier contact details, payment details and ABN. ☐ Confirmation of enrolment from the primary school or high school ☐ Letter from the school confirming what technology required for school for the child ☐ Birth certificate of child confirming you are the parent

☐ I am not eligible for benefits from any other funding source in relation to this account (e.g., another Trust, insurance company, government agency or employer).

☐ Payment has not been claimed by another Registered Ankamuthi Beneficiary.

☐ I understand that my application will be processed by the Trustee (Mutual Trust) within **FIVE (5) business days once** a**ll 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 Ankamuthi 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