

ANKAMUTHI DIRECT BENEFITS TRUST

DISTRIBUTION APPLICATION FORM

ELITE SPORTING ASSISTANCE



A total sum of \$50,000 is set aside to assist Ankamuthi Beneficiaries or children of Ankamuthi Beneficiaries with Elite Sporting Assistance.

The policy is aimed at elite, high performance selection based (or by invite) sporting programs and events. Proof of selection / participation is required. Each applicant if approved, can be assisted with a sum of up to \$3,000 to cover:

- Flights and accommodation – direct to supplier
- Registration Fees - direct to supplier
- Uniform, clothing, equipment - direct to supplier
- One off TA payment of \$1,000 - direct to participant or parent / guardian if under 18

SECTION 1 - BENEFICIARY INFORMATION				
Application Date: ___/___/___	Date of Birth: ___/___/___			
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
<input type="checkbox"/> If your contact details are the same , tick the box and skip to Section 2. If changed , please update below				
Street Address:				
City / Suburb:	State:	Postcode:		
Email:	Phone:			
SECTION 2 - FUNDS REQUESTED – TICK BOXES OR PROVIDE NOTES				
<input type="checkbox"/> Flights	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Registration fees	<input type="checkbox"/> Uniforms/clothing	<input type="checkbox"/> Equipment
<input type="checkbox"/> One-off TA payment of \$1,000				
Notes _____				

IS THIS A REIMBURSEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach quote/tax invoices)				
TOTAL OF CLAIM	\$ _____			
Applications will NOT be processed until supporting documentation and supplier payment details are received.				
<ul style="list-style-type: none"> • I am not eligible for benefits from any other funding source in relation to this account (e.g. another Trust or government agency). • 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: ___/___/___
<p>Please send completed forms and supporting documents to Mutual Trust by: Fax: (08) 9230 7701 Email: Ankamuthi@Mutualtrust.com.au Mail: Mutual Trust, PO Box 122, NEDLANDS WA 6909 If you have any queries, please contact us on (08) 9230 7744</p>				