ANKAMUTHI CHARITABLE TRUST
DISTRIBUTION APPLICATION FORM
GENERAL MEDICAL

Advancing Relief of Poverty and Advancement of Social Welfare
Provides each registered beneficiary and dependents with financial assistance towards general medical treatment and costs. Assistance is available where you are the person seeking assistance, and if you are supporting another family member seeking assistance, up to the limit of $7,000 per financial year.

SECTION 1 - BENEFICIARY INFORMATION		
Application Date: ___/___/_____	Date of Birth: ___/___/_____	
Full Name:	Suffix: ☐ Junior ☐ Senior	
☐ 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 – APPLICATION DETAILS		
Patient Name:		
Relationship to Applicant (eg: spouse, child):		
Appointment Date(s): ___/___/_____ ___/___/_____	Appointment Location(s):	
SECTION 3 - FUNDS REQUESTED – TICK BOXES OR PROVIDE NOTES		

☐ Medical Costs ☐ Pharmacy Costs ☐ Prescription Glasses

☐ Dental Treatment ☐Standard Doctors Appointments

☐ Purchase of exercise equipment on preventative health grounds (can apply every 5 years)

☐ Travel Allowance ☐ Accommodation ☐ Food Allowance (capped at $1,000 for a 2-week period)

** Attach a support letter from a Doctor/Hospital, appointment confirmation, quote for goods and/or services*

Notes _____

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IS THIS A REIMBURSEMENT? ☐ Yes ☐ No (Please attach quote/tax invoices)	
TOTAL OF CLAIM	**$**

Applications will NOT be processed until supporting documentation and supplier payment details are received.

- I am not eligible for benefits from any other funding source in relation to this account (e.g. Queensland Health, Health Insurance Provider, Medicare).
- 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: ___/___/_____**

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