

# 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 at a State, National or International representative level. 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 \$500 - direct to participant or parent / guardian if under 18
- This policy **does not cover** general community sports.

| 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 <b>same</b> , tick the box and skip to Section 2. If <b>changed</b> , please update below |                                        |                                                                                                             |                                            |
| Street Address:                                                                                                                                    |                                        |                                                                                                             |                                            |
| City / Suburb:                                                                                                                                     |                                        | State:                                                                                                      | Postcode:                                  |
| Email:                                                                                                                                             |                                        | Phone:                                                                                                      |                                            |
| SECTION 2 – ATTENDEE DETAILS                                                                                                                       |                                        |                                                                                                             |                                            |
| Sporting Institution / Program:                                                                                                                    |                                        |                                                                                                             |                                            |
| Sportsperson / Attendee:                                                                                                                           |                                        |                                                                                                             |                                            |
| Date of Birth: ____ / ____ / ____                                                                                                                  |                                        | Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other |                                            |
| <i>Please provide a letter / email as proof of selection in the sporting program</i>                                                               |                                        |                                                                                                             |                                            |
| SECTION 3 - 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"/> One-off TA payment of \$500                                                                                               |                                        |                                                                                                             |                                            |
| 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.**

- 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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please send completed forms and supporting documents to Mutual Trust by:**  
**Fax:** (08) 9230 7701 **Email:** [Ankamuthi@Mutualtrust.com.au](mailto: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