



**Kuruma Marthudunera Direct Benefits Trust
Kuruma Marthudunera Charitable Trust**

Change of Address Form

BENEFICIARY INFORMATION

Application Date:			
First Name:			
Surname:			
Mobile Number:		Date of Birth:	
Email:			

PREVIOUS ADDRESS

Street Address:		
City / Suburb:	State:	Postcode:

NEW ADDRESS

Street Address:	<input type="checkbox"/> Owner <input type="checkbox"/> Rental
City / Suburb:	State: Postcode:

DETAILS

Date moved:	
Supporting documentation provided by: <input type="checkbox"/>	Mortgage documentation / Rental agreement
<input type="checkbox"/> Centrelink / Dept of Housing	<input type="checkbox"/> Other Trust Fund or Aboriginal Corp.
<input type="checkbox"/> Utilities invoice / account	<input type="checkbox"/> Banking institution

Beneficiary Signature:	Date: / /
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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 307, CLAREMONT WA 6910

If you have any queries, please contact us on (08) 9230 7700