



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

**Change of Banking Details Form**

**BENEFICIARY INFORMATION**

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

**PREVIOUS BANK ACCOUNT DETAILS**

Account Name:		Bank Name:	
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**NEW BANK ACCOUNT DETAILS**

Account Name:		Bank Name:	
BSB Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**SUPPORTING DOCUMENTATION**

Date effective:			
Supporting documentation provided by:	<input type="checkbox"/>	Banking institution	
Beneficiary Signature:		Date:	/ /

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