

Providence Philanthropic Foundation Application Form



DONOR ENTITY

- Individual(s) Donation
 Company
 Trust

Company/Trust Name:

DONOR DETAILS

DONOR 1 (OR DIRECTOR OF COMPANY/ TRUST)

Title (Mr, Mrs, Ms, Dr):

First Name:

Last Name:

Postal Address:

Suburb:

State:

Postcode:

Phone (daytime):

Mobile:

Email address:

DONOR 2 (OR DIRECTOR OF COMPANY/TRUST)

Title (Mr, Mrs, Ms, Dr):

First Name:

Last Name:

Postal Address:

Suburb:

State:

Postcode:

Phone (daytime):

Mobile:

Email address:

DONATION DETAILS – ESTABLISH SUB FUND

Amount you wish to donate to establish your sub-fund
(suggested minimum \$50,000):

Name you would like your sub-fund recorded as:

(Please note that sub-funds cannot include the word "Foundation" or "Fund". However the words "Bequest", "Gift", or "Endowment" are all acceptable.)

Do you wish grants from your sub-fund to remain anonymous?

Yes No

DONATION DETAILS TO PROVIDENCE PHILANTHROPIC FOUNDATION

Amount you wish to donate to the Providence Philanthropic Foundation
(if you do not wish to establish a sub-fund, no minimum):

SUCCESSOR NOMINATION (OPTIONAL)

Indicate below the details of the person you nominate to take over grant recommendations in the case of your death or if you experience mental incapacity or other legal disability.

Title (Mr, Mrs, Ms, Dr):

First Name:

Last Name:

Postal Address:

Suburb:

State:

Postcode:

Phone (daytime):

Mobile:

Email address:

PAYMENT METHODS

> CHEQUE

If you are paying by cheque, please forward this completed application and your cheque, made payable to "Providence Wealth Pty Ltd ATF Providence Philanthropic Foundation".

> ELECTRONIC FUNDS TRANSFER

If you are directly depositing funds, payment details are as follows:

Bank: Macquarie CMA
BSB: 182 512
Account number: 963 269 857
Name: Providence Wealth Pty Ltd ATF
Providence Philanthropic Foundation

Please mail, email, fax or deliver this application form to us immediately so that we can match the details with your deposit.

A tax deductible receipt will be sent to you upon receipt of your payment. If the receipt should be in a different name to your name stated above, please advise us.

WHERE TO SEND YOUR APPLICATION

Attn: Leeza Buckley
Providence Philanthropic Foundation

MAIL: PO Box R536
Royal Exchange NSW 1225

DELIVER: Level 7
55 Hunter Street
Sydney NSW 2000

Phone: (02) 9239 9333
Email: foundation@providencewealth.com.au

PROCESSING YOUR APPLICATION

When we receive your money, whether to initially establish a sub-fund or to add to an existing sub-fund, no investment earnings (whether positive or negative) will accrue to the sub-fund until the commencement of the following month.

ACKNOWLEDGEMENT

- > I/We have read the accompanying brochure for the Providence Philanthropic Foundation and agree to be bound by the provisions of the Deed of Trust and any other additional terms and conditions contained in the brochure.
- > I/We understand that any donation once accepted by the Trustee represents an irrevocable donation to the Providence Philanthropic Foundation and is not refundable to me/us.
- > I/We certify that I/we will not receive any benefit, directly or indirectly, from the charitable or community organisations recommended to receive grants from my/our sub-fund.
- > I/We understand the the Trustee decides which eligible organisations will benefit from each sub-fund and is under no obligation to follow my/our recommendation.

Signature

Date:

Signature

Date: