AUSTRALIAN EXECUTOR TRUSTEES LIMITED

Smith Family Matrix
provision of housing assistance from Family Bucket
Eastern Guruma Native Title Charitable Trust No.2

Initial Sum advanced to family: $ - Date:

Application Number

SUMMARY OF ASSISTANCE PROVIDED: APPLICANT _____

	Initial or remaining sum available:	$	-
	Sum of previous approved applications:	$	-
	Sum approved by family representatives:		
	PAYMENT TO BE PROVIDED AS FOLLOWS:		
(i)	Sum approved re: item (i) household expenses	$	-
(ii)	Sum approved re: item (ii) elderly	$	-
(iii)	Sum approved re: item (iii) crisis	$	-
(iv)	Sum approved re: trust housing:-	$	-
	Deposit	$	-
	Balance of purchase price	$	-
	Stamp duty	$	-
	Settlement costs	$	-
	Insurance	$	-
	Utilities	$	-
	Maitnenance and repair costs	$	-
	Rates and taxes	$	-
(v)	Sum approved re: financial literacy / capacity	$	-
	Other	$	-
	Sub-Total	**$**	**-**
	Sum remaining to other applicants:	**$**	**-**

3. SIGNATURE OF TRUSTEE REPRESENTATIVE

The Trustee has assessed the application and verified the sum available.

Signed _____ Date: _____

5. APPROVAL OF ADVISORY TRUSTEES

Approved and dated by representatives of the Smith Family:

Susan Smith..... ...../..../..... Samantha Connors ...../..../.....

Alana Connors ...../..../.....

In the event that the request relates to either of the above Advisory Trustees, AET will independently consult with other family members to verify that the family is informed of the application and use of funds.

Please fax this form to **AET** on **(08) 9481 6148** or or e-mail it to: **eg@aetlimited.com.au**