

# Endowment changes

Please use this form to request changes to an existing endowment. Please complete in black ink using BLOCK letters.

## 1. Existing account details (must be completed)

Endowment number	<input type="text"/>
Endowment name	<input type="text"/>
Donor name	<input type="text"/>

## 2. Changes to donor account details

Please tick the appropriate box when changing details.

<input type="checkbox"/>	<b>Endowment name</b> – Please change the endowment name:
	New endowment name <input type="text"/>
<input type="checkbox"/>	<b>Donor contact details</b> – Please change my/our contact details:
	Postal address <input type="text"/>
	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
	Phone (home) <input type="text"/> Phone (business hours) <input type="text"/>
	Mobile <input type="text"/> Fax <input type="text"/>
	Email <input type="text"/>

<input type="checkbox"/>	<b>Grant recommendation</b> – Annual distribution of grants
	I/We recommend changes to the preferred recipient/s of my/our endowment's annual distribution of grants. For additional gift recipients (maximum of 10 depending on the value of the endowment) please attach a separate page. Please provide your new preferred grant recipient's precise name(s) and address(es):
	<b>A. Recipient charitable or community organisation</b>
	Name <input type="text"/>
	ABN <input type="text"/>
	Postal address <input type="text"/>
	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
	Annual grant percentage <input type="text"/> %

## 2. Changes to endowment details (continued)

**B. Recipient charitable or community organisation**

Name

ABN

Postal address

Suburb  State  Postcode

Annual grant percentage  %

You may instead make a general recommendation as to the type of grant recipient you would prefer (eg medical research, environment, arts, etc).

Type of grant recipient

Grants are accompanied by a letter which may include the donor’s name(s), address(es) and the donor account name, unless anonymity has been requested.

Do you wish to remain anonymous?  Yes  No (if no selection marked ‘No’ will be assumed)

## 3. Signature(s) (must be completed)

- I/We have read the brochure for Perpetual Foundation – Endowment Fund and agree to be bound by the provisions of the Perpetual Foundation’s Declaration of Trust and any additional terms and conditions contained in the brochure.
- I/We certify that me/us or any of my/our ‘associates’ will not receive any benefit, directly or indirectly from the charitable or community organisations recommended to receive grants.
- I/We understand that the Trustee decides which eligible beneficiaries will benefit from this endowment and is under no obligation to follow my/our recommendation.

Signature  Date  /  /

Signature  Date  /  /

**COMPANY SEAL**  
(if applicable)

## Important notes

Account changes for joint donors must be signed by both donors unless ‘Either to sign’ authorisation is given on the original ‘Endowment application’ form.

If signed under power of attorney, the attorney certifies that he or she has not received notice of revocation of that power (the power or a certified copy of the power is required to be forwarded for notation).

Send the completed form to:

Perpetual Foundation – Endowment Fund  
Philanthropic Services  
GPO Box 4172  
Sydney NSW 2001