



Grant recommendation form

Please use this form to recommend grant recipients and allocations from your endowment in the next annual distribution of grants. You have the following options:

- Recommend specific charitable or community organisations – section 2.
- Recommend type of grant recipient – section 3.
- No recommendation – section 4.
- You may also choose a combination of the above, for example, 50% to a specified charity and 50% to a type of grant recipient.

Please complete in black ink using BLOCK letters.

1. Existing endowment details (must be completed)

| | |
|------------------|--|
| Endowment number | |
| Endowment name | |
| donor name | |

2. Grant recipient recommendations

I/We recommend the following preferred recipient/s for annual distribution of grants.
 For additional grant recipients (maximum of 10 depending on the value of the endowment) please attach a separate page.
 Please provide your preferred deductible grant recipient's name(s) and address(es):

A. Recipient charitable or community organisation

| | | | | | | | | | | | | |
|----------------|--|--|--|--|--|-------|--|--|----------|-------------------------|---|---|
| name | | | | | | | | | | | | |
| ABN | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | |
| suburb | | | | | | state | | | postcode | | | |
| | | | | | | | | | | annual grant percentage | <input style="width: 50px;" type="text"/> | % |

B. Recipient charitable or community organisation

| | | | | | | | | | | | | |
|----------------|--|--|--|--|--|-------|--|--|----------|-------------------------|---|---|
| name | | | | | | | | | | | | |
| ABN | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | |
| suburb | | | | | | state | | | postcode | | | |
| | | | | | | | | | | annual grant percentage | <input style="width: 50px;" type="text"/> | % |

C. Recipient charitable or community organisation

| | | | | | | | | | | | | |
|----------------|--|--|--|--|--|-------|--|--|----------|-------------------------|---|---|
| name | | | | | | | | | | | | |
| ABN | | | | | | | | | | | | |
| postal address | | | | | | | | | | | | |
| suburb | | | | | | state | | | postcode | | | |
| | | | | | | | | | | annual grant percentage | <input style="width: 50px;" type="text"/> | % |

3. Recommended type of grant recipient

Instead of recommending specific organisations you may make a general recommendation as to the type of grant recipient you would prefer (eg child and family welfare, medical research, environment, arts).

A. Type of grant recipient

| | |
|-------------------------|------------------------|
| type of grant recipient | <input type="text"/> |
| annual grant percentage | <input type="text"/> % |

B. Type of grant recipient

| | |
|-------------------------|------------------------|
| type of grant recipient | <input type="text"/> |
| annual grant percentage | <input type="text"/> % |

C. Type of grant recipient

| | |
|-------------------------|------------------------|
| type of grant recipient | <input type="text"/> |
| annual grant percentage | <input type="text"/> % |

4. No recommendation regarding grant recipient/s

Instead of recommending specific organisations or making a general recommendation as to the type of grant recipient you may elect to make no recommendation for the Trustee to consider.

I elect to make no recommendation regarding grant recipients.

5. Signature(s) (must be completed)

- I/We understand that the Trustee has absolute discretion regarding the grant recipients who will benefit from an endowment.
- Grants to the recipients are accompanied by a letter which will include the endowment name, unless anonymity has been requested.

Do you wish to remain anonymous? yes no (if no selection marked 'No' will be assumed)

| | | | |
|-----------|----------------------|------|--|
| signature | <input type="text"/> | date | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| signature | <input type="text"/> | date | <input type="text"/> / <input type="text"/> / <input type="text"/> |



Important notes

Account changes for joint donors must be signed by both donors unless 'Either to sign' authorisation is provided 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