

*Amplify your giving*



Bequest  
Establishment

**Fremantle  
Foundation**  
Philanthropy for WA

# FORM 1: BEQUEST ESTABLISHMENT

## Bequest Holder Details

Title: (Mr, Mrs, Ms, Dr) \_\_\_\_\_  
Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

## Bequest Holder Details - Second contact (if applicable)

Title: (Mr, Mrs, Ms, Dr) \_\_\_\_\_  
Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_  
Phone (daytime): \_\_\_\_\_  
Email address: \_\_\_\_\_

## Name of Bequest Fund

Name you would like your Bequest recorded as: (e.g. Jane Brown Memorial Fund)

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(Please note to meet ATO requirements you cannot use the word "Foundation" in the fund name.)

## Acknowledgements & Signature

- the gifts form part of the trust fund of Fremantle Foundation and do not form a separate fund;
- the Trustee may change the name of the management account if it is required under law or recommended by the ATO and will consider any request from the Donor as a change in name;
- the assets will not be invested separately from the trust fund;
- the assets will not be separately accounted for in the statutory financial statements of Fremantle Foundation, though separate management accounts in respect of the assets will be maintained for the purposes of internal management and identification. The Trustee may provide reports of the investments and application of the management account to the Donor but is not to be under an obligation to do so;
- the Trustee may at any time cease to maintain a management account and account for the money and investments in the general accounts for the Trust Fund.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Bequest Holder

\_\_\_\_\_  
Name of Bequest Holder (2)

\_\_\_\_\_  
Fremantle Foundation, Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair

\_\_\_\_\_  
Date

# FORM 2: BEQUEST PREFERENCES

## BEQUEST GRANTING PREFERENCES

Describe the **areas of interest** or **specific charities of interest** which the Trustees may take into consideration when making grants:

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## IMPACT AREAS

If you are open to ideas on which causes to support, the Fremantle Foundation encourages making an ongoing impact towards the vital issues of the community that we have identified. Through the Vital Signs report the Fremantle Foundation has a particular focus on the following four key Impact Areas of the Community.

Please tick any of the areas below you are interested in supporting.

- GAP BETWEEN RICH AND POOR**  
A large gap can lead to social problems and a less diverse community. It can also reduce our overall wellbeing if it means we are not using the skills and capabilities of all our citizens.
- HEALTH**  
Community vitality is created through supporting positive lifestyle choices alongside the availability of health services. Our mental health and the dire health effects on people experiencing homelessness are important issues for the community.
- LEARNING**  
Successful communities offer residents abundant, affordable and flexible opportunities to learn.
- BELONGING**  
Belonging is important for a vibrant and healthy community. A feeling of belonging can assist individuals in leading a healthy and rewarding life with a strong sense of agency.

## GRANTING

If you would like the Fremantle Foundation to allocate grants to our vital impact areas, please indicate what percentage you would like allocated to your Impact Area/s of choice.

<i>OUR VITAL IMPACT AREAS</i>	<i>GRANTING ALLOCATION</i>
<i>Gap Between Rich and Poor</i>	<b>%</b>
<i>Health</i>	<b>%</b>
<i>Learning</i>	<b>%</b>
<i>Belonging</i>	<b>%</b>
	<b>100%</b>

# FORM 2: BEQUEST PREFERENCES

## ANNUAL DISTRIBUTION

The Trustees of the Fremantle Foundation are legally required to grant 4% overall from the funds under management. To date our granting far exceeds the required 4% with some funds granting more than and some granting less.

What is your preference on the annual distribution of Grants?

- Interest and income only (this option would maintain the original bequest amount in perpetuity)
- \_\_\_\_\_ % of the fund up to \$ \_\_\_\_\_ per annum
- \_\_\_\_\_ % of interest and income the fund up to \$ \_\_\_\_\_ per annum
- Other (as outlined below)

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## PRIVACY POLICY

The Fremantle Foundation's privacy policy is available online at [www.fremantlefoundation.org.au/privacy](http://www.fremantlefoundation.org.au/privacy) or you can email us at [admin@fremantlefoundation.org.au](mailto:admin@fremantlefoundation.org.au) to request a copy to be sent to you.

The Fremantle Foundation from time to time includes information about its donors, fundholders and grants in newsletters, publications and on its website. In addition, donors and fundholders are named in approval letters to grant recipients and grant recipients are requested to acknowledge the Foundation and the relevant fundholder in material. Please indicate if you would prefer to remain anonymous.

- I would prefer for my bequest to remain anonymous.

## YOUR INVOLVEMENT WITH THE FREMANTLE FOUNDATION

We invite you to join the Fremantle Foundation's community of donors. Please indicate your interests below:

- I would like to receive invitations to the Fremantle Foundation's events, particularly for my nominated Impact Area/s.
- The Fremantle Foundation may acknowledge my Bequest in its Annual Report and website.
- I am interested in being contacted about involvement in newsletter or website stories.

## CONTACT BY FREMANTLE FOUNDATION

Would you like to be on our Newsletter list? Yes/No

## FORM 3: ESTABLISH FUND NOW

If you would like to you may create your fund now with an initial donation of any amount. Alternatively you may leave details of your bequest in your will - please see example wording on page 7. The following is to make a tax-deductible donation.

### INITIAL DONATION

I will make an initial unconditional donation of \$ \_\_\_\_\_ to Fremantle Foundation to open my Bequest Fund.

Credit Card

Please charge my credit card:

Visa  Mastercard  American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date & CVV: \_\_\_\_\_

Online

I will visit [fremantlefoundation.org.au](http://fremantlefoundation.org.au) to make a credit card donation.

Direct deposit

Direct Deposits can be made with the following details:

Fremantle Foundation Trust

BSB: 633 000

ACC: 142 086 339

Ref: Your Fund Name

Cheque:

To make initial donation by cheque please forward this application, along with the cheque made out to "Fremantle Foundation Trust" to PO Box 1397, Fremantle WA 6959

# FORM 4: NEXT STEPS

## 1. Return a completed Bequest Establishment Form to the Fremantle Foundation

Fremantle Foundation  
PO Box 1397  
FREMANTLE WA 6959

## 2. Make an initial donation (optional)

Once we have received the form and the funds have been cleared, we will receipt your donation, if you need further information at any time, please contact us and we can provide all the support you need.

## 3. Update your will.

*Wording for a residuary bequest to your Fund*

I give and bequeath the rest and residue of my estate both real and personal to [Name of Fund], held with the Fremantle Foundation – (ABN 23 992 104 836) 92 Adelaide Street, Fremantle WA 6160, for its general purposes and declare that the receipt of an executive officer at the time, shall be sufficient discharge of my executor's duty.

*Wording to leave a percentage of the residue of an estate to your Fund*

I give and bequeath \_\_\_\_\_ per cent of the residue of my estate to [Name of Fund], held with the Fremantle Foundation – (ABN 23 992 104 836) 92 Adelaide Street, Fremantle WA 6160 for its general purposes and declare that the receipt of an executive officer at the time, shall be sufficient discharge of my executor's duty.

*Wording for leaving a percentage of the total estate to your Fund*

I give and bequeath \_\_\_\_\_ per cent of my estate to Fremantle Foundation – (ABN 23 992 104 836) 92 Adelaide Street, Fremantle WA 6160, for its general purposes and declare that the receipt of an executive officer at the time, shall be sufficient discharge of my executor's duty.

# ACKNOWLEDGEMENTS

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# FORM 5: ADDITIONAL CONTACT DETAILS

NAME OF CHARITABLE FUND: \_\_\_\_\_

I/We request that Fremantle Foundation allow the following person/s to be Additional Contacts, with permission to:

(Please select one or both of the following options, as applies)

access statements about the Fund and receive information about the Fremantle Foundation and its events (subject to opting-out of receiving such information)

assume the role of the Named Fund Holder in nominating preferences where no Named Fund Holder remains involved (for example, due to death or incapacity)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

(complete below if more than one additional contact)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please inform each additional contact that you have nominated them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date