

# Alabama Family Trust

Phone: Toll Free 800.711.1303 Main 205.944.3987 Fax 205.944.3988

Mailing Address: 120 Oslo Circle, Birmingham, AL 35211-5965

## Request for Disbursement

Name of Beneficiary: \_\_\_\_\_

Trust Account No (if known): \_\_\_\_\_

Requested by: \_\_\_\_\_

(Co-Trustee)

Telephone number: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Payable to: \_\_\_\_\_

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

\_\_\_\_\_

Account#: \_\_\_\_\_ **Amount:** \_\_\_\_\_

Purpose, which **must** be for or on the behalf of the beneficiary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipts attached: Yes No This disbursement is medically necessary: Yes No

Under penalties of perjury, I declare that to the best of my knowledge and belief, this information is true, correct and complete.

X \_\_\_\_\_

Date: \_\_\_\_\_

A separate form should be completed for each payee.