

Alabama Family Trust

Phone: Toll Free 800.711.1303 Main 205.944.3987 Fax 205.944.3988
Mailing Address: 100 Oslo Circle, Birmingham, AL 35211-5965

Request for Disbursement

Name of Life Beneficiary: _____

Requested by: _____
(Co-Trustee)

Telephone number: _____ e-Mail: _____

Payable to: _____

Address: _____

AMOUNT \$ _____

Direct Deposit Information: Name of Bank _____

Routing Number: _____ Account Number: _____

PURPOSE: All expenditures from a beneficiary's trust must be for the beneficiary's sole use.

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.