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CHARITABLE TRUST GRANT REQUEST FORM

Name of **Life Beneficiary**: _____

Life Beneficiary currently receives: SSI _____ Medicaid _____ Other _____

Requested by Co-Trustee: _____

Co-Trustee Telephone number: _____

Co-Trustee e-Mail: _____

PURPOSE: which **must** be for or on the behalf of the beneficiary: (Detail information)

AMOUNT \$ _____

Payable to: _____

Address: _____

(ACH: **For personal reimbursement only**)

Name of Bank _____

Routing Number: _____ Account Number: _____

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

Co-Trustee Signature: _____ Date: _____