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Request for Disbursement

Name of Life Beneficiary: _____

Life Beneficiary receives: SSI _____ Medicaid _____ Other _____

Requested by: _____
(Co-Trustee)

Telephone number: _____ e-Mail: _____
Co-Trustee Co-Trustee

Payable to: _____

Address: _____

AMOUNT \$ _____

(ACH: For personal reimbursement only)

Name of Bank _____

Routing Number: _____ Account Number: _____

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

Co-Trustee Signature: _____

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

Date: _____