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Request for Disbursement for PRE-PAID BURIAL/FUNERAL/CREMATION

Name of **Life Beneficiary**: _____

Life Beneficiary receives: _____ SSI _____ Medicaid _____ Other _____ No Benefits

Requested by Co-Trustee: _____

Co-Trustee Telephone number: (_____)_____-____ e-Mail: _____

Payable to: _____

Address: _____

(ACH: **For personal reimbursement only**) AMOUNT \$ _____

Bank Name: _____

Routing Number: _____ Account Number: _____

Place a **check** beside the below item the Life Beneficiary has and **attach a copy** of all documents.

- Life insurance
- Burial insurance
- Vault insurance
- Funds set aside for funeral/cremation/burial (If so, how much _____)
- Funeral, cremation or burial contract, policy, agreement, or trust
- Arrangements for opening and closing of grave
- Contract for marker, headstone, footstone or plaque
- Was a burial designation made on a SSI or Medicaid application? Yes No
- Other (attach a copy of anything else available for funeral and explain below)

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: _____