



VEHICLE PURCHASE INFORMATION SHEET:

1. Life Beneficiary name: _____

2. Life Beneficiary age: _____

3. Life Beneficiary diagnosis: _____

4. How vehicle being purchased fits needs of Life Beneficiary: _____

5. Life Plan on file: Yes ____ No ____
(If yes list date/amount per Life Plan _____)

6. Does Life Beneficiary own vehicle currently: Yes ____ No ____
(If yes: Year, Model and Mileage) _____

7. Will the Alabama Family Trust account be used to maintain vehicle?

- ____ Auto Insurance
- ____ Vehicle maintenance/repairs
- ____ Auto tag

8. Reason for request of vehicle _____

Signature - Co-Trustee

Printed Name