



VEHICLE PURCHASE INFORMATION SHEET:

1. Beneficiary name: _____

2. Beneficiary age: _____

3. Beneficiary diagnosis: _____

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

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

6. Does 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 - Representative

Printed Name