



ALABAMA FAMILY TRUST

Administering Special Needs Trusts

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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