



# 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**