



# ALABAMA FAMILY TRUST

Administering Special Needs Trusts

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## REQUEST FOR DISBURSEMENT PRE-PAID BURIAL/FUNERAL/CREMATION

Name of **Beneficiary**: \_\_\_\_\_

**Beneficiary** receives: \_\_\_ SSI \_\_\_ Medicaid \_\_\_ Other \_\_\_ No Benefits

Requested by Representative:

\_\_\_\_\_

Representative 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 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.

Representative  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_