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: _____

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