



2820 Columbiana Road, Suite 103 Vestavia, AL 35216
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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)

Empty rectangular box for additional information or attachments.

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: \_\_\_\_\_