ALABAMA FAMILY TRUST
Administering Special Needs Trusts

100 Centerview Drive, Suite 200 | Vestavia Hills, AL 35216
Phone: 205-883-8333 | Fax: 205-883-0333
info@alabamafamilytrust.com

REQUEST FOR DISBURSEMENT

Name of **Beneficiary**: _____

Beneficiary receives: ☐ SSI ☐ Medicaid ☐ Other ☐ No Benefits

Requested by Representative:

_____

Telephone Number: (_____) _____-_____ E-Mail: _____

Payable to: _____

Address: _____

AMOUNT $_____

(ACH: For personal reimbursement only)

Bank Name: _____

Routing Number: _____Account Number: _____

PURPOSE: Please provide detailed information about the purpose of the disbursement, which must be for or on behalf of the Beneficiary. For example, if you are requesting payment for cell phone service, then you can only request payment of that portion of the service that is for the Beneficiary, not payment for the entire family/household plan.

_____

Under penalty of perjury, I declare that, to the best of my knowledge and belief, this information contained in this Request is true, correct, and complete. I understand that false or incomplete information could affect the Beneficiary's eligibility for certain benefits programs. I understand and agree that any refund of any disbursement made for the Beneficiary will need to be returned to AFT for depositing back into the Beneficiary's trust account.

Representative Signature: _____ Date: _____

Name _____

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