ALABAMA FAMILY TRUST
Administering Special Needs Trusts
100 Centerview Dr., Suite 200, Vestavia Hills, AL 35216
205-883-8333 Fax: 205-883-0333
info@alabamafamilytrust.com

TRUST DEPOSIT FORM

Please complete the following form to submit additional funds to be deposited in a trust sub-account.

Please write checks payable to "Alabama Family Trust" and include the Beneficiary's name on the memo line of the check.

Beneficiary Name:		Account #:	
Person Submitting Funds:			
Relationship to Beneficiary:			
Amount to be Deposited:	$		
Source of Funds:			

I hereby instruct Alabama Family Trust to add the enclosed check to the account noted above.

I understand that this additional deposit to said account is irrevocable (unless established as a third-party revocable trust) and that the funds deposited will be subject to all terms and conditions set out in the Trust Agreement.

Name: _____ Date: _____

PLEASE NOTE:

THIRD PARTY TRUSTS: Additional funds deposited into this type of account should not belong to the Beneficiary of the trust at the time of transfer. This trust should only be funded with funds provided by others, or with funds left directly to the special needs trust for the benefit of the Beneficiary.

FIRST PARTY TRUSTS: Additional funds deposited in this type of account should belong to the Beneficiary at the time of transfer.

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